WORKING FAMILIES: ISSUES FOR THE 80's

HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

HEARING HELD IN HAMDEN, CT, APRIL 13, 1984

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WORKING FAMILIES: ISSUES FOR THE 80'S

FRIDAY, APRIL 13, 1984

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Hamden, CT.

The Select Committee on Children, Youth, and Families met, pursuant to call, at 9 a.m., at the Children's Center, 1400 Whitney Avenue, Hamden, CT, Hon. George Miller (chairman) presiding.

Members present: Representatives Miller, Morrison, and Johnson.

Staff present: Ann Rosewater, deputy staff director; Judy Weiss, research assistant; and Donald Kline, senior professional staff.

Chairman MILLER. The hearing of the Select Committee on Children, Youth, and Families will now come to order.

First, let me say that it's a pleasure to be here. I'm sorry that we're starting late. We'd planned to come up last night, but being relatively new Members of the House of Representatives, we have very little to do with the scheduling patterns of that body.

But we're delighted to be here. This is the first of our 1984 field hearings. During 1983, we took a very close look at the changes over the past few decades affecting American children and families. We have found that changes in the economy as well as changing family and workplace arrangements have placed families under greater pressures than at any time in recent decades. As we begin our second year, we hope we will be able to report that as the economy recovers, some of the crises which families have faced will also abate.

Considerable attention has been focused on unemployment and recession, and the particular struggles faced by unemployed families. Connecticut is fortunate in that relatively few of the families in this State are unemployed.

We've come to Connecticut because working families also have been affected by the economic and social changes. Yet, I believe inadequate attention has been paid to them.

One of the most striking changes that this committee has become aware of in its travels has been the change in the American labor force, and the increasing participation of women in the work force. By 1990, more than 50 percent of married mothers with children under 6 will be working; an 80-percent increase since 1970.

That statistic alone is a cause for concern by this committee—not alarm, but concern as to how our social service structure and the basic delivery of services will change to accommodate that fact. I want to thank both Congressman Morrison and Congresswoman Johnson for insisting that we come to Connecticut to try to take a

look at the working family, at families where out of economic necessity, both spouses or in some cases a single parent, must work. We have to compare their needs with the services and the community resources that are available to help those families lead a healthy and productive life.

At this point, I would like to recognize Congressman Morrison for any statement that he might have.

STATEMENT OF HON. BRUCE MORRISON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CONNECTICUT

Mr. MORRISON. Thank you very much, Mr. Chairman and first let me say it's an honor and a pleasure to have you here. You have been a leader in the advocacy for the needs of children in families for the entire time that you've been in the House of Representatives and it was a pleasure to join with you when I was a new member at the beginning of my term, to work for the establishment of this committee, because I think this committee galvanizes a concern that exists in communities all across the country to see to it that the Federal role in families and with respect to children be made more effective, more sensitive to the realities that we are currently living with.

And I'd also like to thank Congresswoman Nancy Johnson for joining us here today. I'd also like to particularly extend my thanks to the staff of the committee for helping to arrange this hearing here in my district and to Brian Lynch and Sue Crosby of the Children's Center for putting together the arrangements for us to use their facilities; I think it's very nice to be able to have this hearing at a place which has established a record over a century of caring about the needs of children and, in particular, being flexible to the changing times in which they are living, and to try to accommodate those changes.

This district in this area of Connecticut is one that is both rich and poor, with respect to the issues with respect to children. We are rich in the kinds of resources that we have, the kinds of institutions that are concerned about children; we're also poor in the economic situation of many of our families and in terms of the resources available to deal with the problems that many of those institutions recognize.

I'd like to call particular attention to some groups that are hard at work in this area, such as the Yale Child Study Center, reknowned throughout the world for its child studies and research; the Clifford Beers Child Guidance Clinic; the Hamden Mental Health Center; the Children's Center which we're privileged to be at today; the Milford Child Guidance Clinic; the youth service bureaus throughout the area; the youth continuum of the TRI-RYC; the YM and YWCA's, the Boys and Girls clubs and other community organizations joined in working in many ways cooperatively with the Connecticut Department of Children and Youth Services.

We have a very active and involved network of people concerned about children and families and I think that that's demonstrated by the kind of turnout we have here today.

This hearing, in my view, is very important for the subject that we've chosen to focus on—working families defined as families in

which either the only parent or both parents are involved in work—are a phenomenon that's relatively new and yet, it is a phenomenon that puts extreme stress on the family unit and on the parents. It's a necessity of our current world; it is also a situation where we have a certain amount of conflict between the value of work and the honor that we give to work and the encouraging of people, all adults to be involved in employment, and at the same time is the needs of children and families requiring nurturing and attention as well and that competition between the values that we raise high in both areas also requires that we respond with particular sensitivity to the special needs and problems of working families.

Working families are coming to be a higher and higher percentage of all families and in particular of those families of working and middle-income people—the rule rather than the exception is people having to balance the needs of work and employment and income production with the needs of family and children. The Government has to be sensitive to the changes and it's going to need to adjust many of its policies to be responsive. I think that that is one of our critical challenges; I'm glad that the committee has chosen to focus on that this year and we're looking forward to testimony today to help to elucidate those problems.

Thank you, Mr. Chairman.

[Prepared statement of Congressman Bruce Morrison follows:]

PREPARED STATEMENT OF HON. BRUCE A. MORRISON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CONNECTICUT

It is a great honor and pleasure for me to welcome here today my colleague and friend, Congressman George Miller of California, Chairman of the House Select Committee on Children, Youth and Families, and my fellow member of the Connecticut delegation, Congresswoman Nancy Johnson from the Sixth Congressional District, who is privileged, as I am, to serve on the House Select Committee.

Let me take this opportunity to thank the staff of the Committee for its fine job in arranging this hearing, and Brian Lynch and Mrs. Crosby for making the Children's Center available today.

It is a particular privilege to have the House Select Committee hold its hearing here in my Congressional District. The subject of the hearing, Working Families: Issues for the Eighties is most appropriate for this District where there are so many working parents, striving to make life better for themselves and their children.

This District is at once a very rich and a very poor one. It is rich in institutions and people that care about children. It is poor in the dollars available to spend on children. Let me mention a few of our riches: the Yale Child Study Center, reknowned throughout the world for its child studies and research; the Clifford Beers Child Guidance Clinic; the Hamden Mental Health Center; the Children's Center; the Milford Child Guidance Clinic; the Youth Service Bureaus; Youth Continuum of TRI-RYC; the YM and YWCAs, the Boys Clubs and Girls Clubs, outstanding community centers, highly trained professionals of the Connecticut Department of Children and Youth Services; and a large and effective network of social agencies, pediatricians, social workers, child psychologists and psychiatrists, educators, and countless others who dedicate their workdays to children and families.

This hearing here today is especially important because we find ourselves at a point in time when patterns in family living are changing with the speed of modern technology. There are two changes in particular that are having a major impact on the lives of children. First, women are entering the work force in record numbers. Indeed, it is estimated that by 1990 the majority of American mothers will hold jobs outside the home.

The second major change taking place in the family landscape is the growth in the number of single parent households. Within a few years, one quarter of the children under ten years of age will be living with a single parent. These changes in family patterns are profound and probably irreversable.

Who will take care of the baby? What will happen to my youngster if left alone after school? How can I go back to work if I have two pre-school children? Why isn't mommy here to pick me up? These are the questions being asked today. They are the questions of a changing society.

The task of government is to examine these major demographic changes and to determine whether the programs designed to meet the problems are indeed appropriate. Policy in both the public and private sector must be reviewed for fairness and adequacy. Many questions must be asked. Does the tax credit for child care work fairly? Do employers provide sufficient day care? Is flex-time something available only in industries where female workers predominate? What is the effect on children of the change in family structure? Should we be taking a whole new look at day care? Is it just for the poor? Is it just for the rich? Is it serving the working family?

I look forward to today's testimony to help provide some of the answer and I thank the witnesses in advance for taking the time to share their knowledge and experience with this Committee.

Chairman MILLER. Congresswoman Johnson?

Mrs. JOHNSON. Thank you very much. I'd just like to extend my thanks to Chairman Miller for being here with us this morning and for arranging this hearing, and to my colleague, Congressman Morrison, and the staff, for working together to prepare what I think is going to be an extremely interesting hearing.

Connecticut has been a leader in children's services; we haven't done the whole job but we've done some very good work and I think this hearing will provide our committee with some very good input. I'd also like to thank Bruce Lynch and the Children's Center for hosting us today. I believe that the subject of this hearing—Working Families, Issues for the 80's—and the concerns that it reflects, to better understand the new pressures and the problems felt by children and families in America, is central to this committee's consideration of the state of the American family and the impact of Federal policy on the changes experienced by families in our society.

I think it will be a very productive day for all of us. Thank you.

Thank you Mr. Chairman.

Chairman MILLER. Thank you very much. Those of you who know both of my colleagues here know that we're very fortunate to have their participation on the select committee. One of the concerns when you create a select committee, is whether or not you will get the kind of participation necessary from the people who join the committee, since I think it's everybodys' third assignment and it becomes rather hectic. I'm very proud of the participation we've had by members of the committee, but especially by both Bruce and Nancy in terms of all of our hearings, not only their attendance but their interest in the subject matter.

And I appreciate that and the support that the child advocacy community in Connecticut has given them in their work on the committee.

There is a time problem with the children on the second panel. Perhaps we could switch the first and second panel?

Mrs. JOHNSON. Let's have the kids first, and then the first panel.

Chairman MILLER. OK, we'll have the children first since they have the serious time problem, and then we'll come back to Merrilee. We're going to make a little hybrid panel here. We're very flexible when circumstances demand it.

Can we now have the children who are going to participate in panel 2, Amy Cruz, Theresa Cooper, Gil Lagasse, and Corey Zampi?

[Pause for discussion held in the background about seating the children.]

Chairman MILLER. Why don't you introduce what they're going to do when they're ready?

Ms. WOLFARTH. OK. They're going to do a role play for you. Corey is going to play the father in this scene, Amy is the mother and the two children are Theresa and Gil.

GIL. Hello, mom.

AMY. Theresa, will you help set the table?

THERESA. I'm sorry, I've got too much homework.

AMY. You don't have too much homework any other time.

GIL. What's up mom?

AMY. Gil, set the table.

COREY. What are we having?

AMY. Just set the table.

COREY. What are you looking so mad about?

AMY. I told you yesterday to talk to Theresa about helping around the house. What did you do when I went to work?

COREY. Well, that's your job cause I'm working.

AMY. What do you think I'm doing; I got to go to work as soon as you come home.

COREY. Well, I'm not——

AMY. You gonna throw that up in my face again?

COREY. Yeah.

Theresa?

THERESA. Yes?

COREY. Dinner.

THERESA. OK.

AMY. I told you to talk to her. I want the fact that she doesn't help me around the house at all. What am I supposed to do; I have to go to work, I have to clean the house, plus take care of dinner, and when I ask you for some help, you won't give me any.

Well, just eat your dinner; I have to go to work. Bye.

GIL. All this arguing, I can hard on your ma all the time.

THERESA. Yes, you don't have to be so mean.

COREY. Well, why don't you do what your mother told you?

THERESA. Why should I? I have homework to do, I have tests tomorrow.

COREY. So, when did you get home to do it?

THERESA. You always complaining about my grades.

COREY. I'm tired so I want you to start helping.

THERESA. You want me to improve on my grades so I'm trying, I'm studying.

COREY. What's your problem?

GIL. Still, everytime you call me, she don't get nothing; and she always makes me do it and she yells at me.

Ms. WOLFARTH. That's the end. [Laughter.]

[Applause.]

Chairman MILLER. Dad? Can you turn around and face us? Did you have any prepared statement that you wanted to make? Could you just tell us just at the outset a little bit about the program that

you're involved in, the Peer Outreach, and what you're trying to accomplish with the program?

AMY. What we do is we go out through the community in Connecticut and——

Chairman MILLER. You need to bring the mike a little bit closer to you.

AMY. We go out through the community in Connecticut and around and then we do performances like you just saw, and then we have a discussion with the audience which is most of what we do, which gives them insight of the role plays we do; then after that we, you know, then they have more questions about everything we do.

The role plays usually take, the performances are usually about 1 to 1½ hours and the way we get into it is we go through a training at Sheldon Community Guidance Clinic and that takes about 2 months; then we go through training about sexuality, peer pressure, divorce, et cetera, and then after we go through the training, then we go into the community and do the role plays.

Chairman MILLER. The performances, skits which take about 1½ hours, reflect different family situations?

AMY. Yes; the people who have us come to do the performances usually tell Julie what kind of scenes they would like shown, and then we do it, and after each scene we have a question and answer period.

Chairman MILLER. What kind of response do you get from the young people who you perform for?

AMY. We usually get a big response from them.

Chairman MILLER. They identify with the scenes that you portray?

AMY. Yeah. They say, most of them think that it's pretty realistic.

Chairman MILLER. I thought it was very realistic. Of course, I didn't know who to identify with. My mother's still telling me to set the table, and my kids are still asking me why I'm so mean.

Do you find that the audience opens up, that they start talking about themselves or their families or their relationships as you portray different members of the family?

AMY. At first Julie has to drag it out of them but as we get further and further on into the performance, then a lot of stuff comes out from them. And then sometimes if it's parents and kids, you see them arguing in the audience.

Chairman MILLER. Really. Well that's quite something. Have you ever kept track of the requests you have for situations? I'm interested in hearing the most requested situation that you have from audiences?

Ms. WOLFARTH. I find the two most requested have to do with peer pressure and drugs and teenage pregnancy.

Chairman MILLER. And that would be requested by the young people?

Ms. WOLFARTH. Yes; the agency or the class itself.

Chairman MILLER. So the most frequent requests are for skits on drug use and teenage pregnancy?

Ms. WOLFARTH. Right. And we also get a lot of requests for things about teenage suicide and family relationships in general.

Chairman MILLER. Bruce?

Mr. MORRISON. Yeah. First, thanks very much for coming in and sharing your work with us. What are the, if you could just review, how many people are involved in this program and what is the range of different kinds of skits that you do in terms of subjects?

GIL. Basically, there's about 15 people in the group and like, you know, we do stuff about drugs and pregnancy, what she just said, and we try to show the people the real situations about you know how it really happens. This, you know, as good as we can.

Mr. MORRISON. The skit that you did for us just now, is that one that you've done frequently before, that particular role play? Or is this something you did for this hearing or what?

GIL. Well, we did it once before; we did it yesterday at Long Lake.

Mr. MORRISON. What kind of audiences do you do the skits for? Like the kinds of groups and also who is in the audiences as far as adults and teenagers and the like.

GIL. Well, they call Julie. Like Long Lake Correctional Center and churches and all places around the community.

Mr. MORRISON. Are the audiences usually both adults and teenagers or are they——

GIL. Yes.

Mr. MORRISON. Do you, do people respond in a way that suggests that they can relate to what you are doing. I mean do you get a feeling that people have lived those experiences in their own lives when they talk up in the audience?

GIL. Well mostly the kids do. You know, they can understand.

Mr. MORRISON. Do you have a harder time getting the parents to open up?

AMY. Yes we do. Some of the parents will come in and say that they've had that problem with their children and they've been looking for an answer and then they'll also ask Julie how they can get help for the family and things like that.

Mr. MORRISON. Well, thank you. Mrs. Johnson?

Mrs. JOHNSON. What difference has this made in your own lives?

AMY. Well, it gave us a chance to go out and meet different people and really do something that we enjoy and we get a lot out of it, especially when you can get the audience to open up and especially if they really open up about their selves and everything. And it really makes you stop and think, sometimes, when you hear them talk to you, how good you have it, compared to what they have.

Mrs. JOHNSON. Does it make you see your own family relationships differently?

AMY. Sometimes.

Mrs. JOHNSON. What about your conversations with your own best friends?

AMY. Well, my friends, I brought a few of them into the program, a few of them liked it; a few of them didn't, but a lot of them think it takes a lot of guts to get up there and do it. Most of them will make fun of you until you get up there and do it and then you tell them to come on up to the stage and do it and then they'll shut their mouths.

Mrs. JOHNSON. What about the rest of you?

THERESA. Well, this was quite a change for me from going into this program. And, you know, I like it a lot and you get to be in quite a bit of different things than I ever did before. And now, I was never open with my mother before, and now I'm starting to be more open about different problems with my mother, since I joined the program. So, it's helped me in my life.

Mrs. JOHNSON. Good.

Chairman MILLER. Please pass the mike to the right.

COREY. No. I came here because my cousins had sent me here and because I was doing bad in school but now you know I changed and I'm doing good.

Mrs. JOHNSON. So, are you doing well in school now?

COREY. Huh?

Mrs. JOHNSON. Are you doing better in school now?

COREY. Yeah. They put me in a special class. It's real good you know because I came here and I learned.

Mrs. JOHNSON. Good.

COREY. Thanks.

Mrs. JOHNSON. What about you?

GIL. I got involved because Corey was having problems in school and I asked him about it and my guidance counselor said Julie was coming to the school. So I met Julie. And I was having problems at home and stuff, that's why I talked to a guidance counselor. And then, now I go to Peer Outreach and it takes up some of my time and I don't have as many problems like when I get home and I don't talk to my parents or nothing; so, and then now I'm starting to talk to them again.

Mrs. JOHNSON. Does it help you to see your own relationships within your family differently?

GIL. Yeah.

Mrs. JOHNSON. Interesting. Well, I certainly do appreciate your being here today. I had a daughter who was in this group too and she learned a lot. I'm glad to hear that you are learning too. And you certainly are giving to others through this program and making conversations possible that aren't possible otherwise.

Thank you for being here.

GIL. Thank you.

Chairman MILLER. Thank you all very much.

[Applause.]

Chairman MILLER. Next we will hear from Merilee Milstein who will be accompanied by Susan Bucknell. Merilee is the commissioner of the Permanent Commission on the Status of Women.

Mrs. JOHNSON. Yes. While they are coming to the microphone, I just want to say that I have brought a children's identification kit today. I imagine most of you are aware of this program whose purpose it is to help families develop proper records for their children. In case they disappear, the family has the kind of records that are needed for tracing and loss.

It's a tragic situation but it's one that can be better confronted if the families have the right records and I'm going to send around these application blanks among the audience. If you want a copy of it, just send in for it. Thank you very much, and a special welcome to Susan Bucknell and Merilee Milstein. It certainly is true that without the Permanent Commission on the Status of Women, legis-

lation of importance to women and children in Connecticut would not have made the enormous progress that has been made in the last decade in Connecticut.

And I especially thank you for your leadership.

Chairman MILLER. Welcome to the committee and thank you for giving us your time this morning. If you have a prepared statement, it will be entered in the record in its entirety and you may proceed in the manner in which you are most comfortable.

STATEMENT OF MERILEE MILSTEIN, COMMISSIONER, ACCOMPANIED BY SUSAN BUCKNELL, EXECUTIVE DIRECTOR, PERMANENT COMMISSION ON THE STATUS OF WOMEN

Ms. MILSTEIN. Thank you and we thank the committee for having us here this morning and for having the hearing and it's certainly nice to see Congresswoman Nancy Johnson again, and Congressman Bruce Morrison, and nice to have you in Connecticut.

I am the chairperson of the Child Care Committee of the Permanent Commission on the Status of Women, and Sue Bucknell is the executive director of the commission. And we're here today to talk about some of the initiatives that have happened in Connecticut but I want to say that Sue and I have worked together for many years and that we are both working parents and have spent many hours talking about what we are going to do when our children are sick, how much we have to pay for child care, and what we're going to do during school vacations and so this testimony comes from us, both in our capacities in the commission but also from our hearts as working parents.

The Permanent Commission on the Status of Women is a legislative agency that has a mandate to address sex discrimination against men and women and to improve the status of women.

The mandate requires us to conduct studies, present public information on sex discrimination and ways to address it. And to provide oversight to state agency programs to make recommendations to the State legislature. Child care and the needs of parents in the work place have been at the forefront of our concern for several years.

And the reasons for this are quite clear. Because, if we look at the statistics, they tell a dramatic story. The percentage of women in the labor force has grown from 45 percent in 1970 to 55.4 percent in 1980. Plus there have been substantial increases in the percentage of women working with children over 6. Up from 54 percent in 1970 to 67 percent in 1980.

The most dramatic increase, however, has been with mothers who are working with children under the age of 6. This has increased from 27 percent in 1970 to 41 percent in 1980. And the, in addition, we believe that 35 percent of mothers, of those mothers, have children under the age of 3. These trends we don't see them being reversed at all because of economic necessity. Many families are now maintained by women alone and three out of five of these women are in the labor force.

We say that this is an issue to working women and it is part of the whole women's movement, but actually, it has an impact on men and women and it's of concern to all working parents.

We think that we can categorize the needs of working parents into three areas: fewer hours, flexible schedules, and child care. All of these factors need to be considered when we think about ways to accommodate parents who work outside the home and for their children.

In this testimony, I would like to outline what progress has been made in Connecticut in each of these three areas and indicate what issues we see as needing attention.

Let me just say that we have submitted testimony so I'm not going to go into every detail that is in the written testimony. Let's first look at time off from work. The right to a leave of absence during pregnancy and after child birth during the time the parent is disabled, has been clarified by State and Federal law under title VII of the Civil Rights Act.

But this only tells half the story, really. Because many women do not have access to disability insurance. So it is not a benefit that every woman can have. We suggest that the issue of financing of pregnancy leaves is still one that needs to be addressed. If labor force attachment could be maintained while a woman is pregnant and out on a leave, that this may enable some women to avoid welfare.

Also, the issues of health and safety of pregnant workers and health insurance rates are also of critical importance. In addition, the issue of longer leaves of absence for parenting is one that we've made some progress in in union contracts or with some individual employers but it is far from a uniform practice.

In turning to the issue of shorter schedules, some progress has been made in the area of part-time employment but generally the acceptability of the issue of part-time employment goes along with what facilitates the employers' needs, and very often does not offer prorated benefits nor a connection to a full time career pack.

Some progress has been made in relationship to the concept of job sharing where two people divide a job equally and share benefits or have their benefits prorated. In fact, the subcommittee of the Connecticut Legislature's Labor and Public Employees Committee recently recommended that the PCSW should act as an information resource for State agencies on job sharing. And that the teacher retirement law should be changed so that the formula for calculating retirement benefits would fairly prorate the benefits for part timers.

The first recommendation has been enacted and the second one we are hopeful will go forward next year. Connecticut appears to be following the national trend inasmuch as it is probably easier for women in professional occupations whose skills are in demand to request and obtain leaves of absence and part time schedules. But such schedules are far from receiving widespread acceptance.

Flexible hours, however, have proven more popular. Several companies around the State, especially banks and insurance companies, offer either staggered schedules with some employee choice, and offer some flexitime arrangements where employees can choose their hours within certain bands of time.

Several State employee contracts include such provisions. These kinds of flexible work schedules have enabled many parents to cope with children's doctors appointments, teachers' conferences,

and other demands of parenting. A survey of Connecticut employers by the PCSW in 1980 and other local surveys show that there was an interest by employers in dealing with some of the problems of child rearing and child care.

The health care industry has been in the forefront of this movement in Connecticut, with both management and labor initiatives. There are about 10 hospitals and nursing homes in Connecticut which have built day care facilities for their employees.

In addition, in State employment, the New England Health Care Employees Union, District 1199, negotiated in its contract that the union and management would appeal jointly to the legislature for funds to establish day care at certain health care institutions.

A center is now established at Connecticut Valley Hospital and plans are underway at Mansfield Training School. In the private sector, Connecticut General was the first company to lead States to a child care franchise to provide on-site child care for employees. Significant State efforts have been made to provide incentives.

In 1981, the PCSW worked with a bipartisan coalition of Connecticut legislators led by now Congresswoman Nancy Johnson and the late State Senator Audrey Beck to establish a 25-percent tax credit up to $10,000 for companies who acquired, built or renovated facilities for child care primarily for employees. Last year, the credit was raised to 40 percent. A tax credit of 30 percent for similar purposes is also included in the Neighborhood Facility Act.

In addition, our continued interest in the area of employer involvement in child care has led to PCSW and the Office of Child Day Care to jointly recommend to the legislature a proposal to allocate general bond funds for grants to State and municipal owned facilities who build, renovate or acquire facitilies for child care for employees and money for long term low interest loans for nonprofit employers such as hospitals or community based organizations.

I would like to ask Sue to expand on some of these things. The staff of the commission has been working on implementing some of the initiatives, so at this point, I would like to turn the testimony over to Sue.

Ms. BUCKNELL. Thank you. What I'd like to try and summarize is particularly in the area of trying to expand private sector involvment in child care and how successful some of the initiatives that we've tried to develop in Connecticut have been.

These initiatives have generated a great deal of interest and discussion in the private sector. Some companies, notably a consortium of Hartford companies, have responded with efforts to provide information and referral services which have been very important.

And that the Hartford project has led to an attempt to expand family day care. It is hard to document exactly how many companies may have sought the tax credit because the tax department does not itemize the deductions so we don't know. We know the general number of deductions but we don't know whether the deduction was taken specifically for the child care tax credit.

We suspect however that it has been used and that many companies are planning to use it. What I think we are also finding however, is that many employers don't actually want to get into the business of child care themselves but might be very interested in working with community partnerships and having community

based organizations, for example, run a center for which they had renovated the facility or might have even put some additional operating resources into it.

In this sense, we also feel that it's very important to have a high degree of technical assistance, some way of packaging proposals that can be presented to the private sector and we've been very fortunate in Connecticut to have had an Office of Child Day Care that's been able to respond to this kind of need.

Another area that we're clearly interested in is the involvement of educational institutions in child care, both for their employees, but also for the children of their students and also for children of local employers. Many community colleges in Connecticut now have child care centers and one innovative project in Connecticut is at South Central Community College which has the intention of serving children of college faculty and employee students and employees from local industry.

And here again, a union was involved, the Congress of Connecticut Community Colleges, that helped move this initiative. We've also seen at a vocational technical school in Connecticut, Grasso Southeast Technical School, has developed an evening drop in day care center for children of evening students and this has had an enormous impact on expanding the participation of adult women in some of their short-term training programs and particularly displaced homemakers. And they're running this facility with minimal cost at some small user fee basis, and also using some of their nursing students in the school to help run the program.

And I think if we look at declining enrollments in the schools, we may see a great interest in an involvement for day care for adult programming. Notwithstanding these developments, we do feel the need to raise with you a very clear problem in terms of the payment for child care.

We've noted this administration's increase in tax deductions and the clarification of the fact that benefits for child care provided by employees are not counted as part of wages. This has been important but I don't think we have resolved the issue of financing quality child care. Quality child care financing is an expensive program and what we have found is that particularly for some of the critical need areas, infant care, second shift care, the costs are beyond the means of many working parents, particularly single parent households.

It's interesting in Connecticut, in the Center at CVH which Merrilee mentioned which only had startup funds from the legislature, they are finding that only the high paid employees can take advantage of it. And clearly, women form the highest percentage of low paid employees, particularly single heads of households. And they're finding it quite hard to offer the infant care and second shift options which were some very exciting parts of the program.

So I think the issue of ways to provide for Federal or State subsidies or to encourage employer subsidies in child care is one that really needs to be addressed. The other area we'd like to address is clearly the payment of child care for students. And here we're talking about teenage parents but also adult women returning to the labor force. We are somewhat concerned for example, in the Job Training Partnership Act, that the amount of, the percentage of

funds that can be used for support services which includes child care has been very greatly reduced.

And we are very interested in the Job Training Partnership Act serving low income women and we really are wondering and we'll be watching very carefully whether the reduction in money for child care will have an adverse impact.

In closing—and I'm sorry Commissioner John Carson couldn't be here today but I think the perspective of economic development is really one that certainly shaped the participation of women in the labor force and the jobs that have been opened to women and I think it's going to have a big impact on flexibilities in the work force that we've been talking about.

It's very easy to have pat phrases about high tech and the information revolution but I think it really is true that we need to look at these aspects. For example, computers in the home could open up enormous possibilities for working at home; they could also lead us back to the sweater trades and lower pay or work without benefits. But I think when we look particularly at some of the high tech industries, we see two things; one, a great need for constant worker retraining; second that some of the jobs are very boring and repetitive and that these kind of forces may lead employers to be more interested both in benefit options such as child care, but also in flexibility such as leaves of absence and that we really feel that some of the needs of working parents on the job should be thought of in context with some of these technological changes going on.

I think it's also interesting that some of the high tech industries may be very change oriented and may be much more likely to move into, for example, offering child care options. I don't think though, and particularly in Connecticut where, even though we're seeing an enormous swing to service industry, we are still one of the States with the highest percentage of manufacturing in the country. I think if you look at the potential shortage of skilled labor and recognize the fact that we are going to have 40 percent less high school graduates in 1990, I don't think that we should rule out the fact that some of our traditional manufacturing industries, and even the smaller industries who perhaps as part of coalitions and consortiums of employers, working with community organizations might also become quite interested in child care.

And I think these are positive forces. I think it is still true to say at this point in time that it is the larger employers and the employers with a large number of female employees may be not the highest wage paying employees that have moved into some of these child care and flexibility options.

But I have great hopes and we'd certainly like to see many discussions of job planning and economic development that the needs of working parents be seen as a very key part of economic development strategies. And that we really look very clearly at the role of educational institutions.

I'd just like to end by saying how much we appreciate the interest of the subcommittee, Congressman Miller coming to this State, and the interests of Representative Morrison and Congresswoman Johnson. I think that it really is the interest of people such as yourselves and coming down to a local basis of talking to real live kids and working parents that really will initiate these changes

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and we very much appreciate your holding this hearing and inviting us to participate.

[Prepared statement of Merilee Milstein and Susan Bucknell follows:]

PREPARED STATEMENT OF MERILEE MILSTEIN, CHAIR OF THE PCSW CHILD CARE COMMITTEE, AND SUSAN BUCKNELL, EXECUTIVE DIRECTOR OF THE PCSW

We would like to thank the committee for the opportunity to present testimony before you. The PCSW is a legislative agency with a mandate to address sex discrimination against men and women and improve the status of women. The mandate of the PCSW requires us to conduct studies, present public information on six discrimination and ways to address it, to provide oversight to State agency programs and to make recommendations to the State legislature.

Child care and the needs of parents in the workplace have been at the forefront of the PCSW's concerns for several years.

The dramatic increase in the labor force participation of Connecticut women demands that we focus on the needs of working parents. In 1970, 45 percent of Connecticut women aged 16 years and older were in the labor force. By 1982, the proportion had increased by 10 percentage points to 55.4 percent. Even more dramatic has been the increase of women working outside the home with preschool and school age children.

In 1980, 67 percent of women with children aged 6–17 years old, were working outside the home, up from 54 percent in 1970. The most dramatic shift is in the statistics of those with children under 6—in 1970, 27 percent of this group worked outside the home, but by 1980 the percentage had increased to 41 percent. We believe, also, that Connecticut follows the national average of approximately 35 percent of mothers with children under three working outside the home.

These trends represent both choice and economic necessity. The balance between these forces may vary with income group, marital status, education and occupation, but these trends are clearly here to stay. The major spur for these trends is economic pressure on families. The median income for two-earner families, $27,969, is 30 percent greater than that for families where the husband is the only earner: And economic pressures are certainly in the forefront for the growing numbers of families maintained by women alone. In Connecticut 18 percent of all families with children under 18 are maintained by women, up from 10 percent in 1970; 3 out of 5 single parents are in the labor force. In addition, as there is a growing recognition of the need to assist women on AFDC to achieve employment, we are likely to see increasing numbers of women single parents juggling both family and work responsibilities.

Different families, depending on circumstances and preference, will adopt different patterns. Some women will work when their children are pre-school, others will not, others may stay home with some of their pre-school children and not others. But, despite the variation in patterns we face in this State, as in the society at large, there is a clear necessity to address the needs of working parents. Although it is the movement of women working outside the home that has raised the issue of work and family, we believe firmly that these trends are significant for men and women and of concern to all working parents.

In general, I think we can categorize the needs of working parents as fewer hours, that is, time off from work in order to be with family members; flexible schedules, that is, flexiblity in when hours are worked; and thirdly child care, that is, alternative care for children when parents are working outside the home. All these factors need to be considered when we think about ways to accommodate parents, who work outside the home, and their children. In this testimony, therefore, I would like to outline what progress has been made in Connecticut, in each of these three areas, and indicate what issues we see as needing attention in future.

Let us turn first to the issue of time off from work. The situation in terms of the rights to a leave of absence during pregnancy and after child birth during the time the aparent is disabled has been well clarified at both the State and Federal levels under title VII of the Civil Rights Act. However, these leaves are only paid for if the employee has accumulated sick leave or has access to disability insurance. We would suggest that the issue of financing of pregnancy leaves is still one that needs to be addressed. We would point out, for instance, that, if labor force attachment could be maintained, this might enable some women to avoid welfare. Issues of the occupational health and safety of pregnant workers, and health insurance rates are also of critical importance and are of concern to the PCSW. In addition, the issue of

longer leaves of absence for parenting is one that has made progress in some union contracts, but it is far from uniform practice. But time prevents us addressing these matters here.

Turning to the area of shorter schedules, again some progress has been made on the issue of part-time employment. it is very clear that many women attempting to meet the needs of young children while maintaining contact with work, would prefer less than full-time schedules. It is still the case, however, that the acceptability of part-time work is most often that which facilitates employer flexibility and does not offer pro-rated schedules, nor a connection with a full-time career path. Some progress, however, has been made in promoting the concept of "Job Sharing," that is, where one full-time position is divided between two people and the benefits are pro-rated. A subcommittee of the Connecticut legislature's Labor and Public Employees Committee recently recommended that the PCSW should act as an information resource for State agencies on job sharing and that the teachers' retirement laws should be changed so that the formula for calculating retirement benefits would fairly pro-rate the benefits for part-timers. The first recommendation has already been enacted; and the second one, unfortunately, is not going forward this session, even though job sharing in the teaching area may be quite successful, since there are obvious cost savings if older teachers switch to part-time and job share with younger lower salaried teachers. In general, however, Connecticut would appear to follow national trends inasmuch as it is probably easier for women employees in professional jobs, whose skills are in demand, to request and obtain longer leaves and part-time schedules, but such schedules are far from receiving widespread acceptance.

Flexible hours, however, have proved more popular. Several companies around the State, especially banks and insurance companies, offer either staggered schedules with some employee choice, and some offer flex-time arrangements where employees can choose their hours within certain bands of time. Several State employee collective bargaining contracts include such provisions. These kinds of flexibilities clearly enable many parents to cope with childern's doctors' appointments, teacher conferences, and other demands of childrens' schedules and should be encouraged.

In the area of child care, the PCSW has taken a special interest in employer involvement in child care. The PCSW's interest in the idea that employers might be willing to assist with the provision of child care began with a survey of Connecticut employers in 1980 which indicated that such interest existed. It was supported, also, by local surveys, including one in Hartford which showed that although most parents with existing community-based arrangements preferred them, young couples considering having children were interested in some of the advantages of worksite child care.

The health care industry has been in the forefront of this movement in Connecticut, with both management and labor initiatives. There are about ten hospitals and nursing homes in Connecticut which have built day care facilities for their employees. In addition, in state employment, the New England Health Care Workers Union (1199), negotiated in its contract that the Union and management would appeal jointly to the legislature for funds to establish day care at certain health care institutions. A center is now established at Connecticut Valley Hospital and plans are underway at the Mansfield facility.

In the private sector, Connecticut General was the first Connecticut company to lease space to a child care franchise to provide onsite child care for employees. Significant State efforts have been made to provide incentives to encourage expanded participation of the private sector in this area. In 1981, the PCSW worked with a bipartisan coalition of Connecticut legislators, led by now Congresswoman Nancy Johnson and the late State Senator Audrey Beck to establish a 25% tax credit up to $10,000 for companies who acquired, built or renovated facilities for child care primarily for employers (1981 Public Act 81-100). Last year, the credit was raised to 40% with a cap of $20,000 (1983 Public Act 453). A tax credit of 30% for similar purposes is also included in the Neighborhood Facilities Act which offers tax incentives to employers who contribute funds to neighborhood development projects which create jobs (1982 Public Act 453).

In addition, our continued interest in the area of employer involvement in child care has led the PCSW and the office of child day care to jointly recommend to the legislature a proposal to allocate general bond funds for grants to State and municipal owned facilities who build, renovate or acquire facilities for child care for employees and money for long term, low interest loans for non-profit employers, such as hospitals, YWCA's or other community based organizations. This proposal has been moved forward by Connecticut's Finance Committee, with recommended allocations of $350,000 and $250,000 in each respective part for the coming fiscal year.

It is hard to evaluate the success of these initiatives. Certainly, they have generated a great deal of interest and discussion with the private sector. Some companies, notably a consortium of Hartford companies, have responded with efforts to provide information and referral services to employees on child care. This particular effort has also led to an attempt to expand family day care.

We believe, however, that some companies have taken advantage of the tax credit and may be planning to in the future. However, it is clear that, although many employers are indeed interested in child care, many do not want to get into the business of running their own child care. We suspect, therefore, that there might be great potential for employers to renovate or acquire facilities, run by non-profit organizations that would be available to the children of employees and other parents also. We also suspect that, especially for small employers, the idea of consortiums may prove especially attractive. What is needed is some "packaging" of proposals from the community presented to employers. In this regard, it has been extremely important in Connecticut to have, within government, an office of child day care that is able to offer technical assistance to employers considering child care options.

Another area of exploration is the involvement of various educational institutions in the provision of child care. An interesting feature of the bond proposal is that it would give priority to educational institutions. This reflects both an awareness of the interest of these institutions in providing child care for their employees as well as students. It also reflects an awareness of the need to recognize the potential of locating child care facilities in schools in terms of dovetailing with school schedules and providing easier transitions to kindergarten. Some bond monies have already been used in Connecticut to renovate classrooms for before and-after school care. Indeed, we would like to see public school systems involved with child care.

The interest in educational institutions also reflects a growing recognition of the need to provide child care to support the needs of parents as students and especially women. Several of the community colleges in Connecticut now have day care centers. One innovative center was funded two years ago by the legislature at South Central Community College, with the intention of serving the children of college faculty and employees, students and employees from local industry. Here again, credit goes to the union, the Congress of Connecticut Community Colleges, for helping to move this initiative forward. One particularly significant innovation in Connecticut is a facility for the children of evening students at the Grasso-Southeast Vocational Technical School. This facility has greatly expanded the numbers of women, including displaced homemakers, in the evening program. As we look at declining enrollments and expanded demands for adult education, child care facilities in educational institutions may prove to be especially important. The possibility of business-school cooperation in the child care area could also prove most fruitful.

Notwithstanding these developments, the commission would like to raise a serious problem with you regarding payment for child care. We have made progress in the area of State and Federal incentives for building and renovation. This administration's increase in the tax deduction and clarification of the fact that benefits for child care provided by employers are not counted as part of wages has also been important. But we have not resolved the problem of financing the operation of child care so that quality child care, and especially center care, is available. Quality child care is expensive and well beyond the reach of many parents, especially single parents. Many of the areas of the most critical need, for example, for infants, are, indeed, the most expensive. In State employment, lower paid employees are having problems affording the facilities provided. A study of State employees for the purpose of recommending the establishment of a State grant fund for child care found that a disproportionate number of the lower paid employees were women, many single parent households. The 1199 center at CVH only received start-up funds and without a continuing subsidy is finding it hard to offer the infant care and the second shift options which are very much needed. They are finding that, indeed, it is only the higher income parents who can afford the center at all. They currently are surveying all parents to find out how much they could afford.

The issue of employer subsidies, therefore, either directly to employees, or to facilities, to subsidize care, is clearly important. Perhaps the area of incentives for employer contributions in this area is one that needs to be pursued at both Federal and State levels.

In addition, the payment for child care for students or those in training, is another critical area for teenage parents and for adult women who are reentering the labor market or seeking to upgrade their skills. In this respect, the reductions in the percentage of money that can go for support services, which includes child care under the Job Training Partnership Act, we believe, is an issue of serious concern.

Perhaps there are Federal initiatives that could be taken to assist those in lower income levels at education or training facilities with the payment of child care.

In closing, perhaps we can return to the point at which we started, that is, the changing economy and the changing nature of work itself. The information revolution, for example, presents new possibilities as well as problems in the workplace and, often, in occupations traditionally held by women. The revolution brings with it the potential that people may be able to do more work from their homes, or from home-based computers, for example, perhaps, while they are on child rearing leaves. Along with the advantages, there are also possibilities that these flexibilities will be used to pay women lower wages: and the monotonous, repetitive, unskilled jobs that high technology may bring could lead to boredom and occupational strains. The issue of VDT screens and the occupational strains and potential hazards involved has inspired, in Connecticut, efforts to develop advisory guidelines to employers about safe working environments. The changing nature of technology may place greater needs on employees to upgrade their skills and create a more integrated relationship between work and education.

All these trends may act as added incentives to build in greater flexibility to the workplace and more pronounced leave and part-time scheduling policies needed by working parents. The growing awareness of the needs of the handicapped and the elderly have also created increased demands for workplace flexibility. We should clearly, therefore, not regard the needs of parents on the job in isolation.

There are likely to be a great many other forces that could be harnessed to create added awareness of the need to change in many occupational sectors.

Hitherto, it is probably fair to say that Connecticut follows the country as a whole insofar as most efforts to accommodate the needs of working parents have been made by large employers in industries where there are large numbers of women and where there has been a desire to offer benefit incentives to attract or retain employees, without raising wages, for example, in health care and office occupations. But, it is certainly likely that new and expanding technical and industrial areas may not only be more open to change, but may be willing to offer parent-oriented benefits to attract qualified and skilled workers. Even such shortages in small traditional manufacturing companies in Connecticut, faced with a 40 percent decline of high school graduates by 1990, may be interested in retaining skilled male or female labor by offering greater flexibility and employer benefit packages, which could include child care.

Indeed, a great many of the work practices and policies outlined could be initiated by employers at very little cost or could be bargained collectively. There is, however, an enormous need for public education and, for an example to be set by Federal, State and municipal governments. In the higher cost areas, such as child care, there is clearly a need to continue to explore incentives and subsidies at both the Federal and State levels.

We very much appreciate the interest of the Subcommittee on Children and Youth and the interest of Congresswoman Nancy Johnson and Congressman Bruce Morrison. It is clearly interest such as this which is at the heart of moving these matters forward.

Chairman MILLER. Thank you very much for your testimony. I think the issues that you have raised were brought home to the committee at our first hearing on child care in Washington a week ago, when we were told that some 45 percent of women with children under the age of 1 are now in the workforce. This is a very, very dramatic figure. You don't have to be a genius to figure out what that means for the next 10 years for those women who are in the work force, most of whom are there because of economic necessity.

One of the issues that was raised there, and I'd like to have you address it, is the question of what States are doing to provide job protection for those women who take time off for pregnancy.

What does Connecticut do? Are you providing job protection?

Ms. BUCKNELL. The Supreme Court had this feeling, the men on the Supreme Court, that sex is not related to pregnancy, if you'll remember and the ruling under title VII was that, if you were discriminated against with respect to pregnancy, you were not being

discriminated on the basis of sex. But Connecticut changed our law in 1973; I don't know whether we are just more sensible here or have better sex education, which I think is unlikely actually, but I don't want to get into that.

Chairman MILLER. They don't teach that in law school.

Ms. BUCKNELL. I'm clearly wandering too far here. Let me get back to the point. In 1973, we had a pregnancy law under our employment discrimination law that said it would be discriminatory to deny a pregnant woman a leave of absence when she was disabled. And that your job had to be held during that period for when you were disabled and that you must be allowed to use any accumulated sick leave or disability insurance to fund that.

Now that has been a very important and significant law in Connecticut. There are clear problems with it, for example, and I think Merrilee touched on these, the length of time. I mean child care is hardly a disability. I mean, you may have a Caesarian section and you may be actually disabled but that concept is one that does not give you a long enough leave of absence to take care of the needs of children, and particularly, for example, breast feeding and many employees are not comfortable and there is not work site child care.

So that is a problem, the shortness of that leave. I mean it's about 6 weeks. I think you mentioned yourself, or somebody mentioned it, about what the average length of time a doctor will sign that you were disabled, so the shortness of that leave is a problem.

And the other issue that Merrilee raised is the payment of that leave. Because unless you are in a larger, probably unionized employer, you do not have disability insurance. And if you've been a fairly new employee, you may not have accumulated sick leave. I mean, some employers don't allow you anyway to roll over your sick leave from year to year so perhaps you have 12 days.

So the cost and the length of time. Now many other States have very similar laws to Connecticut's. There's been a rather alarming decision in California—I don't know whether it's alarming or not; I haven't really read it—which has raised the interesting point that, if we're talking about disability, then we must be talking disability for all people.

Now the California law did include payment for any medical disabling conditions that arose from pregnancy, for example, if you'd gotten toxemia or diabetes or whatever and that may have had an impact on the law.

Chairman MILLER. Aren't you suggesting that to continue to tie pregnancy leave to the concept of disability is a little bit outmoded at this point, given what we know about the needs for infant care and the need of the individual for some income during that period of time. I understand how the laws have grown up but——

Ms. BUCKNELL. That's right but I think in the context of discrimination, one would want to move very slowly in removing the definition that it does discriminate against—in getting away from the concept—that it does discriminate against women to deny them some leave for pregnancy, but I think your point of moving towards the idea of child rearing leaves and in some way financing, and maybe you're right at some point we have to move away from disability and see it as some kind of unemployment with joint in-

surance from the individual, the State, and the employer but that is an area of really important debate, I think.

Chairman MILLER. You mentioned that Connecticut has a fair amount of what we now call high technology and defense-related industries. One related issue that has been raised from time to time, but generally raised as a labor issue, is the question of the 4-day work week. As you know, those with Federal contracts are precluded from engaging in the 4-day work week under current law.

Has consideration been given to shortening the work week as a way to provide some advantage for the working parent so they could group their time and still have a business day, so to speak, to get these other tasks taken care of?

Ms. MILSTEIN. Well, I can—there is a move, there has been a move in Connecticut toward more flexible work schedules. For the most part, that does mean moving the beginning of the day or the end of the day with a certain set of core hours. There has been some amount of controversy on the 4-day work week.

Chairman MILLER. There's been a lot of controversy.

Ms. MILSTEIN. Right. Well, I think though that for the most part, working parents could take advantage of a 4-day work week. It would give them an opportunity to have a full day in the middle of the week to do the kind of duties that we refer to.

I think that part of the problem has been that it means extending the work day then for 10 hours. And that means that, you know, 9 or 10 hours for Monday thru Thursday, and that that then creates its own set of problems because it then means that your work week, your family life during the course of the week becomes more complicated. And also I think that over the years the move has been toward a shorter work day and a shorter work week.

And I don't know that the answer—although I think that it would be a move in the right direction to go toward a 4-day work week—I don't know whether it should be accomplished by extending the work day on the other days.

Chairman MILLER. Or the problem of mandatory overtime.

Ms. MILSTEIN. Yes.

Ms. BUCKNELL. I'd just like to add that I do think it's an option and one that is easier, that is less jeopardizing to a woman's career and economic situation. One of the problems of flexibilities, if one's looking at the economic situation of women—and I think if you don't, we end up in a circular situation because women can't afford child care, especially single parents—the way part time work is being provided is really to accommodate employer flexibility without benefits. I'm sure you know that and I just think in terms of many peoples' problems of integrating a less than full time employee into the work force, a 4-day work week especially if it was for regular hours and not the long day, would be a much better way of integrating somebody in a career structure, and one that is very attractive, I think, to working parents.

But I think Merilee's point about the very long hours, although I know that even the long hours, when you talk to people having those 3-day weekends really compensates.

Ms. MILSTEIN. I just wanted to add another thing. And this actually deals with both issues and pregnancy leave and the flexible work schedules that most day care centers are open from 7:30 to

5:30 and if you don't pick your child up at 5:30, I mean, I always have this vision that my little kid will be out there with her lunch pail by herself if I'm 5 minutes late. I mean, in fact, some one would stay and I would have to pay the person overtime, but I think that, with the flexible work schedules, that there has to be some recognition also that child care centers have to extend their hours, that all women workers' work schedules just do not accommodate that 9 to 5 day.

And on the issue of pregnancy leaves, most child care centers do not accept children under 18 months of age. So if you are forced to go back to work after 6 weeks, you have to really look around for available family daycare settings and that's not an easy option.

Ms. BUCKNELL. I just have to say, she's lucky; I get suspended for a week for being late.

Mr. MORRISON. Thank you, George. First I'd like to thank you both for your testimony, and note for the record, that I believe that you recently celebrated the 10th anniversary of the Permanent Commission and I think that's a good statement about the work that has been done by the Commission, that it's still going strong after a decade and there's plenty more work to be done. Congratulations on that.

One of the things that I've noticed in particular, as I talk to older people, retired people, around my district is the extent to which this really isn't a new phenomenon.

But we didn't really talk about it until a certain class of people started to have a problem, that is, that many people come and talk about what they see as inequities in the pension and social security system—these are people in their 60's and 70's—which didn't really accommodate the fact that they both worked, both parents worked all their lives or almost all their lives.

To what extent has the Commission looked at all at, back at the historical experience, and the way these people coped or didn't cope and to what extent, also, are we dealing with the pension kind of issue in the near term so that our solutions just don't, you know, aren't really 40 years away with respect to older people as they move toward retirement?

Ms. BUCKNELL. That's a very interesting question. I mean we have done extensive historical research and there's very interesting documentation in New Haven for example in the sewing trades and the very early and wonderful day care centers that responded.

I mean, you're right in your analysis about the problem now hitting middle class and professional people and so it really suddenly becomes very serious. I do think, though, we're dealing with much larger numbers than we've ever dealt with before, particularly in terms of the participation of women and younger children, and that, you know, just the weight of those numbers, I think is carrying some significance.

Your problem about, I mean, I think it's very pertinent, and one which needs to be addressed about not creating problems for the future. Clearly, one of the reasons why we're very concerned that the flexible options, for women in particular—and as Merilee said, we regard this as of interest to all working parents—but economically the trade off that women have had to make between flexibility and job attachment has been one that has hurt them economi-

cally. And I think the way we're responding is looking all the time at a flexibility to see how it's built in to the regular structure of job retention and benefits and so on and so forth. I may not have quite answered your question but——

Mr. MORRISON. Well, I think that's—one of the——

Ms. BUCKNELL. Because the other thing is Unisex insurance but you may not want to get into that yet; you may just want to deal directly with women's pensions but you know you may not want to get into that here.

Mr. MORRISON. Well, the Supreme Court has helped us on our way.

Ms. BUCKNELL. That's right.

Mr. MORRISON. But one of the things that seems to me that historically was true is that extended families were more important in the child care situation than they are now and I think that's probably a product of changes in society and the mobility of families. But I wonder if any thought has been given to the opposite side of that—to what extent are we going to create policies, or how do we protect against creating policies that discriminate or bias against that kind of activity. As I think we've done, for instance, in analogous situations in the health care area where care of people at home sort of economically discriminated against as we tried to make institutional care more available to people.

Is that an issue that we've confronted at all?

Ms. BUCKNELL. I think one of the biggest issues is the way we look at the transition to the labor force. So in fact if you can be out of the labor force you're not totally penalized and I think that has to do with two kinds of issues: leaves and longer leaves that have maybe some attenuated job security; and possibilities for retraining so that you can go back. And particularly in the face of changing technology, it's likely now that if you're, it was very hard for the women who were out of the labor force for 10 or 15 years to get back 5 years ago.

I would suspect that it's going to be virtually impossible say in computer technology. I mean whereas you're typewriter was outmoded—I mean, you aren't even going to recognize it by the time you get back so I mean I would think if we're really talking about options, we need to think about the financial aspect, if families have access—and that includes women—to better jobs. Then, obviously, they can afford to make a real choice, I mean, without some economic backing it isn't a real choice.

So I would really stress that the kinds of things that make it possible to reenter and go back into the labor market, and also very real options. There's been a very controversial issue in Connecticut around all-day kindergartens and extending kindergarten to 4 years old. Now, the Commission has not taken a position on it, but I think it would come out in favor of that option, but it was enormously controversial.

The way that was presented, in terms of voluntary participation, or, I think would be very crucial so that you didn't swing the pendulum in a particular way. I think it's a very important issue you're raising but I really, I think that what we have to look at are the hard facts, which is economics, do people have choices, and the real trade off that women have always been forced to make, which

is if you take time out for family, then you are sanctioned in the labor force.

And, if it's hurt women, goodness only knows what it's going to do to men in law firms. I mean, there's a very interesting study being done in Harvard on how men are reacting to increased responsibility for children and one of the biggest things is that their careers are suffering at a devastating manner, so——

And, what, I mean I don't know—it may be public policy we can't touch.

Mr. MORRISON. That's how we're going to get the problem solved, you see.

Ms. BUCKNELL. The ethics of law offices. But I really think that whole question of sanctions for being out of the labor force and the ability to retrain and get back in is a very critical one if we really want there to be genuine options for people.

Mr. MORRISON. You spoke, both of you, about the need for flexible time and shorter working time and the like. It seems to me that there's another conflict that comes up there and I'd like to hear your comments on it. What are the major problems that you have in the mandatory overtime issue and the lack of moving toward it is the benefit issue; that is the reason that employers would rather have somebody work overtime, even at time and a half, than to hire a new worker is because you don't have to pay their health insurance, etc. You've already paid for that and so it makes the marginal cost of the extra hour lower.

It seems to me that there's a conflict between your child care issue, where you want to encourage employers to expand their benefits available in terms of child care, and the other side of the equation, which is flexible hours, which every time you raise the benefit cost, you make the introduction of another worker more costly. Has any thought been given as to how to strike that balance—and it seems to me, it's a question of private funding/public funding—to respond to that?

You must have negotiated this in the contract somewhere Merilee?

Ms. BUCKNELL. You want to, Merilee—I wouldn't deny you a comment on this.

Ms. MILSTEIN. I think that many unions have negotiated in their contracts for prorated benefits for part-time workers or flexibile work arrangements with no loss of benefits. For women that are unorganized--I mean, we really have to look at the occupations that women are still concentrated in and the fact that those wages, you know, the statistic that women earn 59 cents for every dollar that men earn—and I think that women's jobs traditionally have had fewer benefits and the wages have been lower.

So it's a problem, the problem that you raise is a very real one and I think that it probably has to be addressed by—and I say this, I, my other job is that I work for a union so obviously I think that part of the solution is for more women to belong to unions and for unions to become stronger and to be able to negotiate these things.

But on the other side, I think that the government or the Federal Government and State government could take some initiatives in this area by some of the fringe benefit areas that now are negotiated. For instance, certain kinds of health benefits, that could be

something that the Federal Government would take some initiatives for. And certain kinds of, I guess, health care and pensions certainly are both areas that the Government could take some responsibility or could assume some assistance for.

Ms. BUCKNELL. May I just make a comment too, that, as Merilee said, when you look at the—I mean, women have been a—women and children and young people have been a secondary labor force and what's really happening, it seems to me, is that those sections of the economy that have been secondary are now really become primary I mean in terms of the service industries and the office industries in terms of growth, and that that secondary labor force is now saying, we need to be treated like the primary labor force.

And the potential, I think, is there because the increase in productivity in many of those industries—I mean, just look at the increase of productivity in an office when you bring in a computer or a word processor. There should be some relationship there to being able to accommodate those benefits. But I think Merilee's absolutely right, that there has, the public sector has to have some involvement particularly where children are concerned and where benefits that will, without which, I think society will end up paying in another direction.

I mean, as we look at the problem of women on welfare, they're not there by choice; they're there because they can't get back to work because they don't have the medical benefits. Now, if there was more general medical coverage through employers, I mean, all the women I have talked to who have been on welfare, who are trying to get back into the labor force, say we can't give up the health benefits. You know, we have a child here sick; how could I go take a job—which I'm willing to take—for a fairly low pay, which I'm willing to take,—but what do I do with the care of my child medically? So I think that we need to start seeing those issues in terms of their broader social ramifications and then maybe some of the solutions will seem less disruptive or to have less of an enormous impact.

Maybe I'm an eternal optimist.

Chairman MILLER. Mrs. Johnson?

Mrs. JOHNSON. Thank you. I want to inquire of you both whether or not the Commission is working with the State's PIC Councils to track how many women are going to benefit from that program and what percentage of the support moneys are, in fact, going for day care support?

Ms. BUCKNELL. That's a very good question; that is something which we are trying to do.

Mrs. JOHNSON. And I would urge you to—and I will be interested in working with you on this because I have started this in my district and it would be good to do it statewide. One of the most productive relationships emerging is a stronger relationship between the private sector and our technical colleges. Certainly an opportunity that women have had little access to and little support in pursuing.

At this point, I think we ought to begin tracking, in Connecticut, and probably nationwide, the involvement, the service to women that law is providing, and the percentage of the support moneys that are being absorbed in day care.

Ms. BUCKNELL. I think that's very useful and I know we'll be very interested in working with you on that.

Mrs. JOHNSON. I'll look forward to working with you on that. Thank you.

Chairman MILLER. Thank you very much for your time and for your testimony.

Next, the committee will hear from a panel of parents. Viola Waldo is a parent from West Haven; David Tankoos is a parent from Hamden, and Blossom Codner is a parent from New Haven.

Welcome to the committee. And again, your prepared statements will be placed in the record in their entirety and we want you to proceed in the manner in which you are most comfortable.

I understand, Ms. Codner, that you've just come from shift work and would like to testify first. Apparently the committee's starting to experience some of these issues firsthand. We'd be pleased to have you go ahead.

STATEMENT OF BLOSSOM CODNER, PARENT, NEW HAVEN

Ms. CODNER. Hi. I'm Blossom Codner and I'm currently employed at the Jewish Home for the Aged. This is located in New Haven and I am a nurses' aide. I am also a member of the 1199 Union, and I have a son who's 5 years old and his name is Christopher.

I was asked to speak upon the problems I face with childcare and babysitting; I can also speak for some of my co-workers that have, or may still be facing these problems. I became a single parent after a separation from my son's dad. Christopher was 1½ years old then. At the time we were together, babysitting was not a serious problem. We only needed a sitter maybe 3 hours a day because I worked 3 to 11 and he worked 8 to 5.

My biggest problem was finding a reliable sitter; all the sitters were different prices and some of them could only come at a certain time and there were times when I needed two, you know, in the space of a day or so. Being a single parent, I faced some rough times, always depending on a sitter being there on time so I can get to my job.

At the time, my son was not old enough to go to a day care; there were many times I waited for a sitter, usually up to 2:35 to 2:45 in the evening but some of them didn't show, or I'd get a phone call or they can't come because, you know, different reasons.

I would have to get on the telephone and call my mother or friends, and so forth, to watch my child. There were times I just got in my car, drove for a while and decided to stop at friends-sometimes friends I really didn't even trust. I was always late for the job; I started to get counseled because of that. There was one particular time that I will never forget.

Chris was to be dropped off at his Dad's; when we arrived, he approached me and said that he couldn't take Christopher. I looked at him and I said, what? You know, this was the time I'm supposed to be at work and I had about 10 more minutes to get there.

I took my son and I drove to my mother. Unfortunately she wasn't there at the time. It was now 3 o'clock. My job was at stake. I know that, you know, I've gotten a lot of counseling and I'm not supposed to be late but I had no choice; there was nothing I could

do. I thought about a lady, the mother of some friends I knew. Chris did not even know this lady. I was forced to leave him there; Chris slept through the whole 8 hours and the next day, he took sick on me. He didn't eat so I had to take him to the doctor.

This was getting too much; I was pressured mentally; I was going crazy. After my son got into nursery school, I still faced some problems. He was in school from 9 o'clock to 2:30. I would have to pick him up, take him to my mother, then get from my mother's—she lived in Fairhaven—to be at work at 3. I lived in Hamden and this was really kind of rough for me.

I again was late for work at times. I then wrote to my director of nursing and I asked her to switch. I asked to switch to the 7 to 3 shift. This would have been the best choice for me but there was no room on the 7 to 3. I was so desperate that I would have taken even a part time position in the morning, just to keep my job because I really do love my job and I wouldn't have wanted to have to quit or anything like that.

Nothing was offered to me; all I heard everytime was that there was no openings on that shift; I should watch the newsletter; you'll be the first to know if something comes up. I got discouraged. I just said, forget this, this is a bunch of bullshit. I really was upset and just mad about the whole thing. I was getting ready to just give up. I just couldn't take it anymore. I even thought of resigning from my job and go on the State and get some kind of assistance.

But I said to myself, no, what kind of future would that be for me, me and my son. I mean there would be no future and I kept on going and I struggled. I was then forced to leave my apartment, give up my independence and store my furniture. And God knows, you know, I didn't know how long I would have to store all my things, but I did.

I had a long talk with my mother, and she said there's room here for me, so she opened her doors and her house and she accepted me in.

It got a little better for me; she took care of Christopher while I worked and things became easier for me. It took a lot out of her because she works nights also. I was able to save a great deal of money but I used to sit and think, what am I saving for, you know. The same thing's going to happen when I move again. But I stuck around for about 2 years or so and I saved like I said.

And the same thing went on. Mom watched Chris and things were much much better. I then sat down and I thought about it and I said I have to do something; I mean I can't just stay at mom's with my son forever. So I requested a two weeks' leave of absence and at the time I made plans because I had, you know, a certain amount of money and I talked with my Dad and he decided to help me.

So I wrote another letter to the director asking her if I can switch to the 11 to 7 shift; at the time there were no openings and I finally found a co-worker who would switch with me.

My life got a little bit easier for me, even though I would prefer not to have switched from 3 to 11. I can spend more time with my son now, and we're both very very happy right now.

But I would like to say to all, you know, single parents male or female, that you may face a lot of problems, I mean regarding

babysitters, financial problems, problems that may seem like it's endless. What I have to say is, do not give up. Sit down, think it over first, because where there are problems there is always a solution for it.

And where there's a child involved, there are times when a parent can become abusive of the child because of the problems they are facing; just be strong, if it takes where you have to leave your job because of it—just for the child—do it for a while until you can solve your problem, because it is tough.

[Prepared statement of Blossom Codner follows:]

PREPARED STATEMENT OF BLOSSOM CODNER, PARENT, NEW HAVEN, CT

I'm Blossom Codner, currently employed as a nurse's aide at the Jewish Home for the Aged located in New Haven. I'm also a member of the 1199 Union, and I have a 5 year old son. I was asked to speak upon the problems I've faced with childcare and babysitting. I can also speak for some of my co-workers that have, or may still be facing these problems.

I became a single parent after a separation from my son's dad. Chris was 1½ then. At the time we were together babysitting was not a serious problem. We only needed a sitter maybe 3 hours each day because I worked 3–11, and he worked 8–5:00. My biggest problem was finding a reliable babysitter. Being a single parent I faced some rough times, always depending on a sitter being there on time so I can get to work. At the time my son was not told enough for day care. There were many times I waited for a sitter, usually up to 2:35 or 2:45, but they didn't show. I would have to get on the telephone, call mother, a friend, etc. to watch my child. There were times I just got in my car, drove for awhile, decided to stop at friends—sometimes friends I don't even trust. I was always late on the job. I started getting counseled at work. There was one particular time I will never forget. Chris was to be dropped off at his dad's. When we arrived he approached me by saying he cannot take Chris. This was all planned. I said, WHAT!! It was ten minutes to three.

I took my son, got in the car, drove to mother. Unfortunately she was not home. It was now 3:00. My job was at stake—what will I do? I thought about a lady, the mother of some friends I knew. Chris did not even know her. I was forced to leave him. Chris slept through the whole 8 hours. The next day he was sick. He didn't eat. That did it.

It was too much. I was pressured mentally, going crazy. After my son got into nursery school I still faced problems. He was in school from 9–2:30. I would pick him up, take him to mother, then have to make it from Fair Haven to work by 3:00. I lived in Hamden. This was tough. I was again still late for work.

I wrote to the director of nursing asking her to switch me to the 7–3 shift. It would have been best. There was no room. I was so desperate I would have taken part-time, mornings, just to keep my job which I like very much. Nothing was offered. All I heard every time was, no opening, watch the newsletter, you will be the first to know. I decided, bullshit. I just couldn't take it. I even thought of resigning from my job and take assistance. I began to think where would my future lie? I decided NO! I struggled more.

I was then forced to leave my beautiful apartment, give up my independence, store all my furniture, and God knows for how long. I had a long talk with mother. She opened the doors to her house and accepted me with open arms. I never wanted to move back.

It got much better for me. She took care of Chris while I worked. It took a lot out of her because she works nights. I was able to save a great deal of money, but for what?, I would ask myself. The same thing will only happen again. Being at mother's was good, but inconvenient for both me and my son. We had to share the same room. Anyway, I stayed for 2 years and made a big change.

I requested a 2 week leave of absence, and hoped for the best. My plans were to buy a home with the help of dad, and move to the 11–7 shift. I finally found a coworker who would switch with me.

My life now is much easier, even though I would have preferred not to make the switch. I can spend more time with my son, and now we're both happy.

I would like to say to all the single parents—male or female—that may be facing problems that seem endless: do not give up, take time to think. There's got to be a solution for every problem. Your child is involved—do not abuse them, they are very innocent. If it takes giving up your job, DO IT, until your problems are solved.

Chairman MILLER. Thank you. Bruce would you like to join in? We're going to ask Blossom questions, first, so she can leave. Where's Chris? He was walking around here earlier.

Ms. CODNER. He had to get to school.

Chairman MILLER. Perhaps he didn't find this very educational.

Mr. MORRISON. Blossom, first I'd like to thank you for taking the time to come and testify here and to your willingness to share your own personal experience in this kind of detail. Has there been discussion where you work about the possibility of child care on the job?

Ms. CODNER. Not that I know of. I don't believe so, no.

Mr. MORRISON. If that were available there, as I understand from what you've said, would have made a whole lot of difference over the time?

Ms. CODNER. Oh, yes; yes, definitely.

Mr. MORRISON. How were you able to, what was it that caused you to be working in the first place? In other words, why did you choose to work rather than just go on the State at the beginning, after your child was born?

Ms. CODNER. OK, well, why did I choose to work instead? OK, well I think to me the State are for people that are like there's no hope for them; there's nothing else they can do. If you are able to work, you know, I think you should. And for me, when I graduated from high school, I wanted to go straight into college and I did and what happened was that I had my son, so that kind of canceled that out.

I didn't quite make the whole 4 years like I was supposed to; but I always wanted to work and I could never see myself getting assistance from the State, but if I had to, I believe I would.

Mr. MORRISON. On your job, do you, what kind of health care coverage do you have?

Ms. CODNER. Well, they cover my son, partially. Dental we have some dental and doctors, too. You know, like if you go to the doctor, they'll reimburse you. Some of the doctors you have to pay and you know the health plan will reimburse you the money. It's not a bad plan.

Mr. MORRISON. The job that you have, is this, have you had the same job all along at the same place or have you moved from the time that your son——

Ms. CODNER. Well, I've been there 5 years now.

Mr. MORRISON. So you've had it all the time that Christoper's been growing up, you've been at that particular employer.

Ms. CODNER. Yes.

Mr. MORRISON. And has there been a lot of money that you've had to pay out of your own pocket for medical care for you, yourself and Christopher, or have most things been covered?

Ms. CODNER. At times, yeah. With me, I have to pay out quite a few dollars for me. And Christopher also because he's an asthma attack patient too and there are certain medicines that at times you would have to have and, you know, they wouldn't cover it and I would have to pay it and some of his doctors visits I did pay. You know at times.

Mr. MORRISON. OK, thank you.

Chairman MILLER. Nancy?

Mrs. JOHNSON. Wasn't there any place in the community where daycare providers were listed?

Ms. CODNER. Oh yeah, I did.

Mrs. JOHNSON. Was there any listing?

Ms. CODNER. There were quite a few, yes.

Mrs. JOHNSON. So it wasn't that you didn't have access to a list of providers?

Ms. CODNER. Well, at that time, they wouldn't take Christopher at his age; I would have to wait until he got to a certain age.

Mrs. JOHNSON. Now, were these day care centers, or was there a list available to you of individual women who took children into their homes?

Ms. CODNER. None that I saw, no.

Mrs. JOHNSON. So you weren't able to find a listing of family day care homes?

Ms. CODNER. No.

Mrs. JOHNSON. Did your employer—you talked about your employer counseling you, know exactly what the problem was?

Ms. CODNER. Oh yeah, they did.

Mrs. JOHNSON. Did your employer make any effort to find listings in the community of family day care homes?

Ms. CODNER. No, they didn't.

Mrs. JOHNSON. Does your employer have a listing of family day care services at this time?

Ms. CODNER. No, they don't.

Mrs. JOHNSON. Thank you. Second, you talked about going on to college after high school. In your high school—did you go to the New Haven high schools?

Ms. CODNER. Pardon?

Mrs. JOHNSON. Where did you go to high school?

Ms. CODNER. Hamden High.

Mrs. JOHNSON. In your high school, or in your college, was there any occasion on which, either in a course setting, or a group setting, or in any setting, was there any occasion for you to consider what the impact of getting pregnant would be on your own personal development?

Ms. CODNER. Oh yeah, there was.

Mrs. JOHNSON. So you were fairly well aware of what it would do to your educational future and what job options you would have and so on before you made the decision to have Christopher?

Ms. CODNER. Yes.

Mrs. JOHNSON. Thank you.

Chairman MILLER. Thank you very much, Blossom, for your testimony. Last week we received quite a bit of testimony about the choices parents have to make. Your testimony certainly points out the conflicts between the ideals a mother has for raising her child, and the choices imposed by employment. Your description of seeking out people to sit with your child, and the choices you had to make, points out what is really a failure of institutions. Parents should not be placed in positions of conflict where their best judgments as parents are unavailable or prohibited by a lack of resources. Whether that is too few babysitters, too few reference services, or too few actual facilities.

So I appreciate very much you coming and sharing your experiences with us. Since it's almost 13 hours since you went to work, we'll excuse you and thank you for your time, and for coming here this morning.

Viola?

STATEMENT OF VIOLA WALDO, PARENT, WEST HAVEN

Ms. WALDO. Hi. My name is Viola Waldo. I'm a wife and mother of three children ages 7, 9, and 11. I've been working in the Head Start Program for 2 years.

Chairman MILLER. Excuse me, Viola. Could you pull the microphone over and just turn it a little bit more toward you? Thank you.

Ms. WALDO. OK. I have been working in some capacity or other since I was 14. In the 12 years I've been married, I've worked in various jobs; I was working as a stock person when I became pregnant with our first child. I was laid off shortly afterwards and of course couldn't find new employment because I was pregnant. No one wanted to hire a woman who was going to have a baby in a few months and stay home with the child, or so they presumed.

There were complications in the birth of our first child that would affect the rest of our lives. Although no professional would commit themselves, I knew from the very beginning there was something wrong with Kenia. I read many child care books and consulted my child's pediatrician but could find no answers.

The doctor felt because I was a young mother—I was 19—that I was overreacting and being overprotective. So I tried to convince myself that the child didn't have a problem, I did.

After 6 months of anxious days and sleepless nights, I decided to work part time and get involved in something else and maybe get a different perspective on my situation. I got a job doing telephone soliciting. I found a child care provider who was licensed by the State as a foster mother. I would drop my child off in the morning and she was crying; when I would call her on my breaks, she'd be crying; when I'd pick her up, she'd be crying.

The babysitter said she was spoiled and I would have to listen to all the details of the day, such as she wouldn't eat; she didn't want to be held; I never saw a baby that cried so much.

After 2 weeks, I couldn't stand it anymore. I felt like I was running away from the problem and decided to concentrate on getting to the root of it. Needless to say, our child was causing a strain on my relationship with my husband who was working 7 days a week. He also had many sleepless nights, taking turns walking the floor with our daughter so one of us could sleep.

Somehow 2 years passed; our second daughter was born. By now, Kenia was able to get into a lot more trouble and our situation worsened. I took the child to be evaluated again. The first time the tests were inconclusive. After years of not getting any answers, we were told that Kenia had a lot of problems.

She was diagnosed as being hyperactive; she had very poor motor control; a short-span memory; very limited attention span. Everything I'd been telling everyone all along. But to hear someone ver-

balize it was such a relief to us; it was like the weight of the world was finally lifted off of our shoulders.

Kenia was started on the drug Ritalin, and started to receive therapy. We began to get the school system to provide some services for our child. Once she started taking medication, our lives changed. Finally here was a child who would listen, could be reasoned with and was a joy to be with.

Because Kenia had minimal brain damage, she required a lot of supportive services. She needed extensive play therapy, tutoring to help with her school work, and family therapy to support all the efforts being made to help her live as normal a life as possible.

Our medical coverage did not cover a lot of these services and even though we paid on a sliding scale, it was very expensive for us. By now our son had been born and we were trying to keep our heads above the water. I tried working but could not find quality child care for our daughter who needed special handling.

By the time I paid the sitter and put gas in my car, I would have $40 left; it was like working for $1 an hour. I was not able to give our child all the help she needed and she began to backslide.

It wasn't until our son was 9 months old that we discovered he had a seizure disorder and was hospitalized a number of times for it. Now it was impossible for me to work. Who would care for a child who had convulsions? Medical bills started piling up; hospital stays, visits to the neurologist, medication for the two children, were really beginning to take its toll on our family.

Somehow our middle child was doing fine and was well adjusted, except for a speech problem. It was at this time, I found out about the Head Start Program. Davina was enrolled and started attending school there. She was receiving speech therapy and I had found an outlet for my energies. I participated in many activities and became more aware of the services my children were entitled to.

Our son started Head Start the following year. I worked on committees and felt like I was doing something useful. We moved to West Haven and Kenny was enrolled in the program there. With all my children in school, I was able to be more involved in the program. Because training was made available to me, I was able to begin to substitute in the classroom at the center. This helped improve my parenting skills and also put a few extra dollars in my pocket.

For the first time in a long time, I began to feel like my own person; I was able to use the skills I had learned in a worthwhile manner. It was wonderful to begin to meet some of my own needs and know that I was more than my children's mother and my husband's wife. I was an individual.

When a position opened at the center, I applied for it. Whenever possible, if parents have skills, they're considered for positions in the Head Start Program. Now that my children were in school all day, I didn't have to worry about child care. And the program operates basically on the same schedule as the public school system. I am able to be with my children on school recesses and vacations.

At work, the program covers health insurance for me. However, I must pay for my family's coverage. My average salary is $7,000 a year. I pay $1,342 for our medical plan.

My husband works as a driver; he also works Sundays at an auto parts store. His company carries Blue Cross/Blue Shield on our family but it doesn't cover doctor visits, eye exams, dental screenings, and low cost prescriptions, as my plan does. I am not happy about the high cost of our insurance plan, but our children require close medical observation and our daughter is monitored because of the medication she takes. I have high blood pressure and need to see the doctor every few months.

At this point, the high cost, I just don't feel like I ever want to be unable to provide quality medical care for my family again.

[Prepared statement of Viola Waldo follows:]

PREPARED STATEMENT OF VIOLA WALDO, PARENT, WEST HAVEN, CT

My name is Viola Waldo. I'm a wife and mother of three children ages 7, 9, and 11. I have been working in the Head Start program for two years.

I have worked in some capacity or other since I was 14. In the twelve years I've been married I have worked at various jobs. I was working as a stock person when I became pregnant with my first child. I was laid off shortly afterwards, and of course couldn't find new employment because I was pregnant. No one wanted to hire a woman who was going to "have a baby in a few months and stay home with the child", or so they presumed.

There were complications in the birth of our first child which would affect the rest of our lives. Although no professional would commit themselves, I knew from the very beginning there was something wrong with Kenia. I read many child care books and consulted my child's pediatrician, but I would find no answers. The doctor felt because I was a young mother (I was 19) I was over-reacting and overprotective. So I tried to convince myself that the child didn't have a problem, I did.

After 6 months of anxious days and sleepless nights, I decided I needed to work part-time and get involved in something else and maybe get a different perspective on my situation. I got a job doing telephone soliciting. I found a child care provider who was licensed by the state as a foster mother. I would drop my child off in the morning and she would be crying. I would call on my break and she would be crying. When I picked her up she was crying. The babysitter said she was spoiled and I would have to listen to all the details of the day such as: "she wouldn't eat", and "she didn't want to be held", or "I never saw a baby that cried so much."

After two weeks I couldn't stand it anymore. I felt like I was running away from the problem and decided to concentrate on getting to the root of the problem. Needless to say our child was causing a strain on my relationship with my husband who was working seven days a week. He also had many sleepless nights taking turns walking the floors with our daughter so one of us could get some sleep.

Somehow two years passed. Our second daughter was born. By now Kenia was able to get into a lot more, and our situation worsened.

I took the child to be evaluated again. The first time the tests were inconclusive. After years of not getting any answers, we were told that Kenia had a lot of problems. She was diagnosed as being hyperactive. She had very poor motor control, a short span memory, and a very limited attention span. Everything I'd been telling everyone all along. But to hear someone verbalize it was such a relief to us. It was like the weight of the world was finally lifted off our shoulders.

Kenia was started on the drug Ritalin and was receiving therapy. We began to get the school system to provide services for our child.

Once she started taking medication our life changed. Finally here was a child who would listen, could be reasoned with and was a joy to be with.

Because Kenia had minimal brain damage, she required a lot of supportive services. She needed extensive play therapy, tutoring to help her with school work, and family therapy to support all the efforts being made to help her live as normal a life as possible. Our medical coverage did not cover a lot of these services and even though we paid on a sliding scale, it was very expensive for us.

By now our son had been born, and we were trying to keep our heads above the water. I tried working, but could not find quality child care for our daughter who needed special handling. By the time I paid the sitter and put gas in my car I would have $40.00 left. It was like working for $1.00 an hour. I was not able to give our child all the help she needed and she began to backslide.

It wasn't until our son was 9 months old that we discovered he had a seizure disorder, and was hospitalized a number of times for it. Now it was impossible for me

to work. Who wanted to care for a child who had convulsions? Medical bills started piling up. Hospital stays, visits to the neurologist, medication for the two children were really beginning to take its toll on our family.

Somehow our middle child was doing fine, and was well adjusted except for a speech problem. It was at this time I found out about Head Start. Davina was enrolled and started attending school there. She was receiving speech therapy and I had found an outlet for my energies. I participated in many activities and became more aware of the services my children were entitled to. Our son started Head Start the following year. I worked on committies and felt like I was doing something useful. We moved to New Haven and Kenny was enrolled in the Head Start program there. With all my children in school, I was able to be more involved in the program. Because training was made available to me, I was able to begin to substitute in the classroom at the center. This helped improve my parenting skills and also put a few extra dollars in my pocket. For the first time in a long time I began to feel more my own person. I was able to use the skills I had learned in a worthwhile manner. It was wonderful to begin to meet some of my own needs and know I was more than my children's mother and my husband's wife. I was an individual. When the position opened at the program I applied for the job. Whenever possible, if parents have skills, they are considered for positions in the Head Start program.

Now that my children were in school all day, I didn't have to worry about child care. The program operates basically on the same schedule as the public schools. I am able to be with my children on school recesses and vacations.

At work the program carries health insurance for me. However I must pay for my family's coverage. My average salary is $7,000 a year. I pay $1,342 for our medical plan.

My husband works as a driver. He also works Sundays at an auto parts store. His company carries Blue Cross/Blue Shield on our family, but it does not cover doctor visits, eye exams, dental screenings and low cost prescriptions, as my plan does. I am not happy about the high cost of our insurance plan, but our children require close medical observation and our daughter is monitored because of the medication she takes. I have high blood pressure and need to see the doctor every few months. I don't ever want to be unable to provide quality health care for my family again.

Chairman MILLER. Thank you. David.

STATEMENT OF DAVID TANKOOS, PARENT, HAMDEN

Mr. TANKOOS. Since our baby was born 12 months ago, I have taken on the role of primary childcare giver and my wife, Liz, has assumed the role of breadwinner as a social worker at the Hospital of St. Raphael.

The decision by us for me to become a house husband centered on several issues; one, Liz and I had waited long enough to start a family; two, we had been able to save a good chunk of money for a downpayment on a house; three, for 10 years I had worked at a residential treatment center where my job supplied us housing including all utilities plus firewood, leaves raked, and grass cut.

Four, Liz' job provided excellent benefits for a family including doctors' office visits and medications; five, I have taken pride for a long time in being a good cook and in caring for a home. I regularly prepared meals, did laundry and sundry chores in the house. I was ready for a career change also.

Seven, my wife wanted to return to her profession; eight, caring for our newborn intrigued me.

The consequences of any decision involved sacrifice on our part; it was a matter of balancing the pros and cons.

If Liz quit work and we remained at the school, my benefit package would not be of great help to us as a family. We would lose Liz' salary and be hard put to save money for a house of our own.

If Liz went back to work full time and we remained at the school, we had to consider adequate daycare and the cost of it. We

believed, too, that if possible one parent should be with the baby full-time during that first year. In the end, we did what we felt was best but not easiest for our growing family.

I left my job and friends after 10 years and became a house husband. We assumed the responsibilities of a mortgage, utility bills, and other costs of being a home owner. We did have Liz' salary and benefit package which was very important to us. We moved to a new town with only one or two contacts; we changed our lifestyle drastically, and had to live quite frugally.

But we had a happy healthy baby, our own house, and a new sense of independence and freedom.

Liz and I both had adjustments to make. Our lifestyle was not traditional. Liz had to accept her role as bread winner and listen to the concerns of her friends about leaving her newborn infant and working. This was a common concern of everyone else. She rarely elicited credit for her courage to take on her new role and go against the norms.

She had difficulty initially accepting me as primary childcare giver to Katie. In the morning when she left for work, it was hard for her to leave her baby. She missed the role of mother.

As a house husband, I found little support for me outside my circle of family and friends. My mother was concerned about my ego strength—after all, men are born to work. Everyone else seemed to support our decision. Some men I knew wondered how long I would stay out of the work force. Rarely are new mothers asked when they would plan to return to work.

That first summer was difficult; I felt abandoned by society; I felt uneasy telling people what I did for a living; the heat was oppressive and I felt trapped by the baby. I was lonely, I had no one to talk to. I spent a lot of time in front of the television and sleeping.

I had experienced many recent losses including my lifestyle, my job, my friends, my mother, and it seemed to me I was being rejected all the way around. I had the support of my wife and I had help from a counselor in New Haven who led me in more positive directions.

I needed to develop some support systems. I learned quickly that there is not much available for housewives, never mind for house husbands.

I joined the North Haven-Hamden YMCA and enrolled Katie and myself in swim class. I was the only father among many mothers. I did this as much for Katie's development as for my own needs to socialize. Twice a week since she was 5 months old, we have attended exercise and swim classes. I have made some good friends, albeit mothers, and learned a lot about my potential as a father and a man.

Some women resented my being in the group; others wished their husbands would get more involved in the care of their child. I felt a little out of place for a while but one or two special people helped me adjust.

For Katie, the success of this venture was, and is, multifold.

In January, I joined a group called Fathering: The First Time, sponsored by the Jewish Family Services in New Haven. We met for only 6 weeks but it gave me an opportunity to get out of the

house and away from the baby and meet other fathers and discuss common feelings.

I was the only house husband in the group. I was also in contact with Dr. Kyle Pruitt at Yale Child Study Center regarding my work with Katie. He has done studies of children raised by fathers and he expressed interest in our family situation.

Perhaps the highlight of my house husband days has been lunch with two other mothers and their babies. With that invitation I felt accepted and that there was room in the world of mothers for fathers who care for their babies full time.

It seems to me that I have overcome many barriers though; the barrier of future employment alludes me. I enjoy what I am doing, feel that it is good for me and for Katie. My wife is comfortable with her job and leaving Katie with me. Any ambivalence she may have felt has dissipated for the most part.

However, the idea of rejoining the work force does scare me slightly. I do not know what field I want to enter; I am concerned how prospective employers will react to my year at home raising Katie. I sometimes feel a lack of skills to apply to a job in any field.

My life has centered on domestic issues like exchanging recipes, coupons, and baby tales. I am comforted to know that my anxieties are not unique to me but that other mothers express the same kinds of feelings. It boils down to feeling like I don't fit into the mainstream of the work force. There clearly is a need for support systems to help parents like myself who wish to re-enter the work force and develop a life for themselves outside babyland.

[Prepared statement of David Tankoos follows:]

PREPARED STATEMENT OF DAVID TANKOOS, PARENT, HAMDEN, CT

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The decision by us for me to become a house-husband centered on several issues.

1. Liz and I had waited long enough to start a family.
2. We had been able to save a good chunk of money for a downpayment on a house.
3. For ten years, I had worked at a residential treatment center where my job supplied us housing including all utilities plus firewood, leaves raked and grass cut.
4. Liz's job provided excellent benefits for a family including doctor's office visits and medications.
5. I had, for years, been a good housekeeper and a good cook. I took pride in caring for a home and feeding myself fine cooked food. I regularly prepared meals, did laundry and sundry chores in the house.
6. I was ready for a career change.
7. My wife wanted to return to her profession.
8. Caring for our newborn intrigued me.

The consequences of any decision involved sacrifice on our part. It was a matter of balancing the pros and cons.

If Liz quit work, and we remained at the school, my benefit package would not be of great help to us as a family. We would lose Liz's salary and be hard put to save money for a house of our own. If Liz went back to work full-time and we remained at the school, we had to consider adequate day-care and the cost of it. We believed, too, that it was important for one parent to be with the baby full-time during that first year, if possible.

In the end, we did what we felt was best, but not the easiest, for our growing family. I left my job and friends after ten years and became a house-husband. We assumed the responsibilities of a mortgage, untility bills and other costs of being a homeowner. We did have Liz's salary and benefit package which was very important to us. We moved to a new town with only one or two contacts. We changed our lifestyle drastically and had to live quite frugally.

But we had a happy, healthy baby, our own house, and a new sense of independence and freedom.

Liz and I both had adjustments to make. Our life-style was not traditional. She had to accept her role as breadwinner and listen to the concerns of her friends about leaving her new-born infant and working. This was a common concern of everyone else. She rarely elicited credit for her courage to take on her new role and go against the norms. She had difficulty accepting me as primary child-care giver to Katie. In the morning when she left for work, it was hard for her to leave her baby. She missed the role of mother.

As a house-husband, I found little support for me outside my circle of family and friends. My mother was concerned about my ego strength. After all, men are born to work. Everyone else seemed to support our decision. Some men I knew wondered how long I would stay out of work. It occurred to me that rarely are women asked how long they plan to stay out of work after they have a baby.

That first summer was difficult, I felt abandoned by society. I felt uneasy telling people what I did for a living. The heat was oppressive and I felt trapped by the baby. I was lonely. I had no one to talk to. I spent a lot of time in front of the television and sleeping.

I had experienced many losses including my life-style, my job, my friends, my mother, and it seemed to me I was being rejected all the way around. I had the support of my wife, and I had help from a counselor in New Haven who directed me in more positive directions.

I needed to develop some support systems. I learned quickly that there is not much available for housewives, never mind for house-husbands!

I joined the North Haven-Hamden YMCA and enrolled Katie and myself in swim class. I was the only father among many mothers. I did this as much for Katie's development as well as for my own needs to socialize. Twice a week since she was five months old, we have attended excercise and swim classes. I have made some good friends, albeit mothers, and learned a lot about my potential as a father and parent. Some women resented my being in the group. Others wished their husbands would get more involved in the care of their child. I felt a little out of place for awhile but one or two special people helped me adjust. For Katie, the success of this venture was, and is, multifold.

In January I joined a group called Fathering: The First Time sponsored by the Jewish Family Services. This was a limited time [1] to meet but it gave me an opportunity to get out of the house, away from the baby, and meet other fathers and discuss common feelings. I was the only house-husband in the group.

I was also in contact with Dr. Kyle Pruitt at Yale Child Study Center regarding my work with Katie. He has done studies of children raised by fathers, and he expressed interest in our family situation.

Perhaps the highlight of my house-husband days has been lunch with two other mothers in the swim class. With that invitation, I felt accepted and that there was room in the world for fathers who care for their babies full-time.

It seems to me that I have overcome many barriers but I have not given much thought to going back to work. I enjoy what I am doing, feel it is good for me and Katie. My wife is comfortable with her job and leaving Katie with me. Any anxiety she felt has dissipated, for the most part.

However, the idea of rejoining the work force does scare me slightly. I do not know what field I will want to enter. I am concerned how prospective employers will react to my year at home raising Katie. I sometimes feel a lack of skills to apply to a job in any field. My life has centered on domestic issues like exchanging recipes, coupons and baby tales. I am comforted to know that my anxieties are not unique to me but that other mothers express the same kinds of feelings. It boils down to feeling like I don't fit into the mainstream of the work force. There clearly is a need for support systems to help parents like myself who wish to re-enter the work force and develop a life for themselves outside baby-land.

Chairman MILLER. Thank you very much for your testimony.

Mrs. JOHNSON. I was so scared about rejoining the work force that, when I first ran for the State senate 8 years go, I ran for a hopeless political seat. However, I recommend public service as a very appropriate career for skilled and able parents. I appreciate your testimony. It's rare that I have had the opportunity to listen

[1] Group met for six weeks once a week for 1½ hours.

to a man who's chosen to raise children and where there has been such a calculated decision to reverse roles, I'm glad to know that the Yale Center is interested in your child and your experience because I think it is something that we need to know a lot more about it.

And I do particularly agree that you can sit here and say things that have been very hard for women even to acknowledge, all these years. The loneliness and the isolation and the fear of reentering the adult world—all these things are pronounced for you by the reaction of those around you to your decision to do this. I think it does help us to focus on some of the weaknesses as well as some of the strengths of the parenting roles in our society. I think your choice puts in relief how important it is that Government policies not only support choices of that nature, but make it easier to deal with future choices of reentering the workforce, the kinds of things that Susan Bucknell and the Permanent Commission have been concerned about. How do we make the next move easy, fluid, provide the skill, the job counseling, the career opportunities, and make that next step easier for you?

I wonder if you have any thoughts, having experienced community opportunities for women and children from a different perspective, as to how communities could do a better job using the time of parents of young children, not just for swim classes, but for other kinds of development that would make the transition later on possibly to make employment easier?

Mr. TANKOOS. Well, I think Hamden, where we live, has a lot of activities available for parents with children. They do a very good job with the tax money of providing some services for their children and the families. Nationally, there is a group called the Mother's Center. Groups are set up locally by parents; groups for mothers, just mothers, who are home with their kids. Here they are able to drop the child off, the center provides all kinds of activities for the mother that are outside taking care of a child, activities that enable the parent to develop or find new skills that you have which might be applicable to the work force at some point in time.

I attended a seminar 2 weeks ago which Mr. Bruce Morrison was involved with regarding small businesses which I thought would be helpful to me; it wasn't, as it turned out. The seminar involved people with business interests, already. I was one step below that.

There were many people there who were parents who were already into small business. The seminar was very helpful for them. But for those of us who either want to change careers or don't know what we want to do, there isn't much support out there. I think that more contact among parents who take care of kids might be helpful to see what's available in the town of Hamden or in this area for us.

Mrs. JOHNSON. Are you and your wife involved in a church?

Mr. TANKOOS. No. No, we're not involved in a church. But I can see where that could be helpful to some people.

Mrs. JOHNSON. And you haven't been conscious of any church right in your community that has sought to program differently as a result of the different needs of parenting.

Mr. TANKOOS. No, I'm not aware of it; it doesn't mean it doesn't exist. I'm just not aware of it from my own view.

Mrs. JOHNSON. And, have you seen much change in the YMCA's program as a result of more parenting adults anticipating some kind of career involvement in the future?

Mr. TANKOOS. No. I haven't seen any changes. I don't know if they've taken place or not, but I haven't seen any changes.

Mrs. JOHNSON. So you would say at this point, there is no community organization that you see thinking about the kinds of needs that you now have and will have over the next 8 or 10 years?

Mr. TANKOOS. As far as I'm familiar with, I don't see any.

Mrs. JOHNSON. Thank you. Very interesting.

Chairman MILLER. Viola, I wonder if you might expand on your remarks a little bit. You touched upon your involvement in Head Start and what it's meant to you personally beyond what it's meant to Kenia, I just wondered if you might expand on that to relate what you've seen among other parents who have come there?

Ms. WALDO. Right. Well, as you know, Head Start services children who are from low income families. Their incomes have to be at the poverty level, which is very low. And many many many of the parents that I met were sort of, were in the same situation I was, except that most of them were single parents.

You know, I had some support from my husband but basically you know, they felt the same way. They had these children that needed to be cared for and once you've got more than one child, every time you have another child, it gets a little bit harder.

But Head Start offered many opportunities for parents. Even if you just wanted to participate in a committee meeting, they would provide babysitting for you so you didn't have to sit with this child on your lap. You got to talk to another adult for a change and maybe have lunch once in a while and not have to cut up somebody's meat.

It was really strange to be able to do that and Head Start gave us that opportunity. They gave us an opportunity to go to workshops that would improve our parenting skills to learn some outside activities that you might be able to carry over into the home, simple things like maybe macrame or knitting or crocheting, just something that you could do that would keep you busy when the baby was napping.

And they gave you opportunities to work in the classroom which was really important for me because it really did help to improve my parenting skills. I got to see how professionals deal with children as far as discipline is concerned and helping kids to learn how to share. It really opened my eyes. Head Start made a big difference in my life.

Chairman MILLER. Do you see that with other parents, in terms of a lack of knowledge when they first enroll?

Ms. WALDO. Yes, I do, I do. And one of the biggest issues that I see, I work with parents in my capacity as an outreach worker at the program, is most of these parents are receiving assistance and they would like to do something else.

They don't want to be there, they are there because they have no other choices. They get grants for school, but then what happens when 1:30 comes and it's time for their child to leave Head Start? In West Haven, there are not that many child care facilities at all;

it's very limited as to the childcare facilities there are in West Haven.

And another problem that some of them seem to encounter is they get opportunities to babysit at the center, which they get paid for, or they can substitute in the classroom or for the cook or the assistant cook, if there isn't any body coming in that day, they have those opportunities.

But as soon as they do, when they go down—of course we have to, they have to fill out W2 forms and we're always getting letters at the center of things that we have to fill out from the State—even if these parents only make $4.

You know, some of these parents only make, they might babysit for an hour and a half, they make $4, and they have to fill out all these forms and the parents, they're afraid that they're going to lose their services because they're working a couple of hours.

And when they do go to work, gradually the legs of their support systems are cut off, first they'll, they've cut their foodstamps, and then their medical benefits get cut, and their, usually their companies don't have good benefits for them, and it gets to the point where they feel like, you know, why should I work? Why should I? They feel like they're not gaining anything.

They felt like, you know, maybe I should just wait until my kids are in school all day and I don't have to worry about those childcare services and I can maybe go to school and have better skills and work in a better company that would give me better benefits. It's really scary for a lot of them.

Chairman MILLER. Thank you. Bruce?

Mr. MORRISON. Yeah. Viola, you spoke of the problems that your oldest child had and has that involved you in the special education program?

Ms. WALDO. Yes. My child is in special education now.

Mr. MORRISON. In the West Haven Schools?

Ms. WALDO. Yes.

Mr. MORRISON. How has that worked out? Has that made a difference?

Ms. WALDO. It really has, it really has. Kenia sort of doesn't fit into any mould; she's not mentally retarded but she's never been able to keep up with regular kids—for lack of another word to use, I'll use that one. And it's always been very difficult for her.

She was in a regular classroom for a long time getting supportive EAP services; she'd be taken out of the class for a certain amount of time every day, but it never quite did the job because she would miss work when she was out of that class that she would have to make up, and if she wasn't there in the first place to learn what it was, of course she wasn't able to do it.

So this is the first year that she's been in a full time special ed class.

Ms. WALDO. When she was younger and we lived in Bridgeport, I had a very hard time getting any kind of services for her at all. They just didn't want to recognize that she had a problem so I took her and had her independently tested myself because I just couldn't trust what they were telling me.

You know, they kept, on the one hand they said to me, your child doesn't have a problem, and on the other hand, they said to

me, well, when your daughter gets older, she's going to have to learn a job that's repetitious because that's all she'll ever be able to do.

Mr. MORRISON. How were you able to fit in the various kind of testing and PPT meetings that you had to go through with your work schedule?

Ms. WALDO. Well, I wasn't working when my, at that point I had stopped working and all that I was doing was maybe waitressing a little bit at night, but I, when I went to have her evaluated and they talked to me and said, you know, we need to have a PPT so we had a PPT and the people from the agency came with me to support me.

You know, their psychological profile that was done on my child was completely different than the testing that I had done and the agency that I had done really didn't have anything to lose; I mean, they weren't going to have to provide services for my child; the school system was.

Mr. MORRISON. Have you had a follow up on that more recently, now that you are working, or how do you combine it?

Ms. WALDO. Oh, yes, yes. I just had her evaluated again last year because I had decided that she wasn't able to function any longer in the situation that she was in. She was going down for the third time again, and she started to have emotional problems and I was really worried.

She was in fourth grade and by the time you're in fourth grade, things start, I saw things changing for her—the way she felt about herself was real important. And she was not feeling good about herself and I was afraid if I didn't do something very soon, she would probably have some severe emotional problems.

Mr. MORRISON. So that?

Ms. WALDO. I had her evaluated again.

Mr. MORRISON. So the availability of that special education funding and program is pretty critical for her to have any kind of opportunity.

Ms. WALDO. Oh yes. Yes; it's very critical. You know, I can still, I think that there are still some services that are needed; one of the biggest things, my biggest conflict with putting her in special ed was that a lot of the children who are in special ed classes are there because for years and years, they never got the services that they needed and now they're just so emotionally, they have such emotional problems that they can't cope in a regular school setting.

And lots of the kids—I would say most of the kids in my daughter's class—have severe emotional problems and I was worried about, you know, these kids are going to be role modeling for her and that was a big concern for me. What's going to happen when she gets with this group of kids.

Mr. MORRISON. David, if I could just ask of you, in your experience of a somewhat unique situation, have you found any network of fellow participants in this kind of approach to child rearing and do you see any prospect for that as a way to open up the system to be both more understanding of your circumstances and also to be more understanding of the housewife's circumstances that you've experienced?

Mr. TANKOOS. Well, I know of one other househusband, someone like myself, who's taking care of his child full time. I don't see him very often but we talk on the phone and it's helpful for me to talk to him. Some of the feelings we have are unique because we're men, other feelings are just common because we're taking care of a baby.

I'm having lunch today with three different women who take care of their babies full time and we all have the same kinds of feelings. And sometimes we're all a little bit lost as to what to do with those feelings as well as where to go to get some support for future work.

Mr. MORRISON. OK. Thank you.

Chairman MILLER. Thank you very much, both of you, for your testimony. I would hope that in some way your testimony will be instructive to others who are in similar circumstances, or, in your case, David, people who are considering making a change and participating in the rearing of a newborn or a young child.

We talk about possible variances for pregnancy leave and maternity leave, and making those kinds of benefits available to husbands and spouses. But the graphic terms in which you've portrayed the realities and the needs will be very helpful to us as we continue our discussion of the care of very young children.

Viola, I want also to thank you for your testimony.

For the purposes of making sure that we get to hear fully from all of the panelists, I'd like to combine the next two panels. Those panels are made up of Dr. Martha Leonard, Josephine Yanchak, Martha Ritter, Lola Nash, Michael Yanke, and Lee Cruz. If all of you could come forward? We'll need a couple of additional chairs. You can steal some chairs from the front row there.

What I'd like to do is to receive all of your testimony and then, as time will allow, question you as a panel.

Thank you very much and welcome to the committee. We look forward to your testimony. And as I've told other witnesses, your written statements will be made a complete part of our record. We want you to proceed in the manner in which you are most comfortable and we will hear from you in the order in which I called your names. We'll start with Dr. Leonard.

STATEMENT OF MARTHA LEONARD, M.D., PROFESSOR OF PEDIATRICS, YALE CHILD STUDY CENTER; AND CHAIR, GOVERNMENT LIAISON COMMITTEE, CONNECTICUT CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

Dr. LEONARD. Congressman Morrison, and Congressman Miller, Congresswoman Johnson——

Chairman MILLER. Pull that microphone a little bit closer to you if you can, please?

Dr. LEONARD. Is that better?

Chairman MILLER. Yes.

Dr. LEONARD. I have been asked to address two important issues for working families in the 1980's, child care and health care coverage.

I heard last week of a working mother with a good income who sought daycare for her 4-month infant. She turned down an excel-

lent center because of it's cost: $80 a week. She chose instead one that charged $50. Three months later she returned to the first center with a pale, thin, lethargic infant and begged to have her accepted for day care. In this center the baby began to blossom within a few days. It is frightening to think of what happens to families who do not have this kind of choice.

I cite this, not to say that the cost necessarily correlates with the quality of care in a center, but rather to point to the fact that women of good income do have choices; they have options and can choose, but may have very poor understanding of criteria by which to choose a center for the care of their children.

Women of low income don't even have the option of choosing. In one or two-parent working families, parents have to find child care somehow, or else one parent cannot work. The extent to which the care is supportive to the family and to the healthy development of the children depends on the availability of such care, its accessibility, its affordability, and especially its quality.

Families with means can assess options, can choose care of high quality and afford to pay for it. This kind of care isn't so scarce for them. What is quality care? Quality care depends especially on the quality and philosophy of the persons who provide it. Whether it is in homes or in group care, the persons in charge in high quality situations are stable, mature, experienced, and intelligent. They love children, are able to nurture, to understand the developmental needs of children of the ages served, and have respect for children and their parents.

In group care, the director and head teachers also have training in early childhood education, ability and experience in working with children in groups, and in supervising workers with less experience.

Continuity of at least some of the same care givers is important for each child's individual needs and strengths to be understood, and for each child to feel secure and trusting. Quality care also requires a favorable ratio of adults to children, depending on the age of the children. With such quality care, parents can be free to work well, with their feeling of guilt or sadness at not caring for their own children all day lessened at least in part by their confidence that their children are happy and well cared for in a setting where they can continue to develop physically, mentally, socially, and emotionally.

In Connecticut, there is not enough quality care for everyone. Many families cannot afford it and do not have access to it. About one of every two children has a working mother. Only one-quarter of eligible children are enrolled in Head Start programs. One reason for this may be that Head Start is only for a few hours a day; if the child goes to Head Start, then the rest of the day has to be planned for.

About 25 to 30 percent of children from working families are in licensed child care arrangements. Some of the others are in the care of relatives. A loving grandmother may be able to give very good care, but not every family has a loving grandmother, or she may be working too, or she may live a thousand miles away.

Some of these others may be cared for by unrelated babysitters, have patchwork arrangements, and an unknown percentage are in

unlicensed situations. We have no idea how many these are but we know that they may have some of the worst features, including inexperienced adults who don't really care about children but hope to make a few dollars; overcrowding, detrimental child rearing practices; inappropriate methods and inadequate attention to health nutrition and safety.

We've had an example of a serious deviant daycare center in California, recently in our news. These conditions are hardly supportive to families or to the development of their children.

Since the usual maternity leave is 6 weeks, there is a great need for infant and toddler care, which is especially scarce and which, because of its special needs, is the most expensive to provide, up to as much as $100 a week.

The other urgent unmet need is for after school and vacation care for school-age children who otherwise become latch-key children, vulnerable to many hazards, such as fires, sexual abuse, loneliness and fears.

Dr. Edward Zigler estimated that 2 to 4 million young children of the United States are left alone to fend for themselves for a significant portion of each day, and that two-thirds of the child care needs of our Nation involve school-age children.

The availability or cost of child care is often a determining factor in a woman's ability to take a job, or participate in a training program, as we've been hearing this morning.

So it is important for children who have need for child care to be of high priority in federal, State, and local government considerations, and also with private agencies so that they can have access to quality care appropriate to their ages and affordable.

Unlike child care, facilities for health care of reasonably good quality and amount are probably already present in Connecticut for working families. But for families of low income the problem is affordability and accessibility. Many working families are below the poverty level, but not low enough to qualify for Medicaid.

While unemployment and changes in eligibility requirements have increased the number of such medically indigent families, Federal funding, which in the past has enabled clinics to serve the medically indigent, has been severely reduced since 1981. An estimated 6,000 pregnant women, 7,500 infants, and 20,000 preschoolers in Connecticut have no health care coverage.

When families can barely afford rent and food, preventive health care is out of the question. Inadequate prenatal care leads to increased perinatal complications and increased incidence of premature births. Infant mortality is already increasing in some of our cities in the last few years. Lack of well child visits, immunizations or early treatment of abnormalities and illnesses make children susceptible to measles and whooping cough, serious and irreversible deformities, and increased need for of hospitalization. These consequences are far more expensive than the care that could have prevented them. Thus preventive care is not only humane, but is also cost effective.

Here in Connecticut, we passed a statute in 1983, Public Act No. 2015, to increase funding for needy pregnant women and infants up to 18 months [those with no third party coverage] and thanks to the jobs bill allocation or funds to maternal and child health, this

is now being implemented. This approach needs to be broadened to include the whole family.

Another important enhancement to preventive health care would be a change in health insurance plans provided by many employers. And we've heard some of this this morning too. Current insurance plans encourage hospitalization and other acute services, which contribute to escalating health care costs, yet discourage health supervision and preventive services which decrease those costs. The American Academy of Pediatrics is promoting Federal legislation requiring that in order to deduct insurance premium costs as a business expense, employers must include coverage of child health supervision in their group health policies. A survey by the American Academy of Pediatrics and the Metropolitan Life Insurance Co. revealed that the premiums would be increased by from $1.79 to $3.62 per month, depending on the region of the country.

Lack of coverage for health care is also a major deterrent for working. Four months after a former welfare mother goes to work, her medicaid coverage ceases, and she must pay for all medical expenses. Preventive health care and early diagnosis and treatment are too expensive. When an illness or medical condition becomes so serious that it needs treatment, such medical care is far more expensive as well as more traumatic to the child. For instance, a simple respiratory infection could be treated in an office visit, but if it's not treated and goes on to pneumonia, it may require hospitalization.

Many mothers who want desperately to support themselves and their families have been deterred from seeking work or have had to give it up and go back on welfare because they value their children's health and cannot safeguard it without Medicaid benefits.

Thank you.

[Prepared statement of Dr. Martha Leonard follows:]

PREPARED STATEMENT OF MARTHA LEONARD, M.D., PROFESSOR OF PEDIATRICS, YALE CHILD STUDY CENTER; CHAIR, GOVERNMENT LIAISON COMMITTEE, CONNECTICUT CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

I have been asked to address two important issues for working families in the 80's—child care and health care coverage.

Child care: I heard last week of a working mother with a good income who sought day care for her four-month infant. She turned down an excellent center because of its cost—$80 a week because it was partly subsidized—and chose, instead, one that charged only $50. Three months later she returned to the first center with a pale, thin, lethargic infant and begged to have her accepted for day care. In this center the baby began to blossm within a few days. I cite this, not to say that the cost necessarily correlates with the quality of care in a center, but rather to point to the fact that women of good income do have choices, but still may have very poor understanding of criteria by which to choose a center for the care of their children. It is frightening to think of what happens to families who do not even have this choice.

In the 1980's, many parents of small children need to work. The availability or cost of child care is often a determining factor in a woman's ability to take a job or participate in a training program. In one- or two-parent working families, parents have to find child care somehow, or one parent cannot work. Care of children is a major concern of working parents, and the adequacy and quality of such care has a very high priority for everyone who cares about children. In the 80's many young families do not have loving relatives close enough to assist with child care, or their relatives are already gainfully employed and/or unavailable. This dilemma affects families of all socioeconomic levels. Mothers are torn between their love for their

children and responsibility for their well being, their own need to work, and the practical aspects and cost of alternative plans. Quality child care can promote the health and development of children and allow mothers to perform well at their work or studies. Inadequate or poor care can be a disaster to both. The extent to which the care is supportive to the family and to the healthy development of the children depends on the availability of such care, its accessibility, affordability, and especially its quality. Families with means can assess options, choose care of high quality, and afford to pay for it. Many poor families can find subsidized day care, which may or may not be of high quality. The parents just above the poverty level have the hardest time to find good day care that they can afford.

What is quality day care? The main components are the persons who provide it—their personalities, sensitivity, training, philosophy, and understanding of the needs of small children and of parent-child relationships. In my work at the Yale Child Study Center, I have contact with a number of day care centers, public and private. The ones I consider best have stable, well-trained, and experienced staff, who understand the developmental and educational needs of young children. They are mature and intelligent, with love of children, warmth, ability to nurture, and respect for children and their parents. The director and head teachers also have training in early childhood education, ability and experience in working with children in groups and in supervising workers with less experience. They help parents with the transition of children from home to group care. They provide a comfortable, safe space and enough nuturing teachers and child care workers to provide a favorable ratio of adults to children, depending on the age of the children. Opportunities abound for learning appropriate to the age of the children, including promotion of emotional and social development, as well as cognitive. Continuity of at least some of the same caregivers is important for the child's individual needs and strengths to be understood and for each child to feel secure and trusting. With such quality care, parents can be free to work well, with their feelings of guilt or sadness at not caring for their own children all day lessened at least in part by their confidence that their children are happy and well cared for in a setting where they can continue to develop physically, mentally, socially, and emotionally.

In my experience, such centers are beneficial to both healthy, well-functioning children and to many who come to day care with unmet needs. For instance, a child with delay in language development, caused by lack of optimum stimulation in a home where a mother is overwhelmed by crises and depressed, may learn to speak, encouraged by teachers and peers. Another benefit is that a child care center teacher may recognize that a child has developmental problems and help a parent seek evaluation. A little girl was referred to the Child Study Center when her behavior at her day care center and at home was difficult after a bout of meningitis, from which she seemed to have recovered. She was found to be deaf. Her behavior improved markedly when the reason was understood, and she received help to be able to communicate.

In Connecticut, the proportion of mothers with children under six who are in the work force has increased 52% in the ten years. About one of every two children has a working mother. Only one-quarter of eligible children are enrolled in Head Start programs, possibly because they do not care for children all day.

Unfortunately, quality child care is expensive, and there is not enough of it. Unless it is subsidized, it is out of reach of many of the families who need it most. Centers with lower tuitions have to compromise some aspects of their programs. For instance, they may not provide food. But for some children the hot lunch at a day care center might be the best meal of the day. Often staff members are grossly underpaid. Personnel costs may be kept down by use of volunteers, some of whom may be skilled in work with children, but the frequent changes of caregivers interfere with the continuity of care that children need for optimum development. Worst of all is lack of training and supervision that can lead to injurious programs, such as emphasis on keeping children quiet and subdued, rather than helping them develop and mature.

About 25 to 30% of children of working families in Connecticut are in licensed child care arrangements—either group or family day care. These have been approved as having at least minimal standards and are monitoried occassionally. The other children of working parents are in the care of relatives, unrelated babysitters in the parents' home, have patchwork arrangements, and an unknown precentage are in unlicensed group care. The latter are likely to have the worst features—inexperienced adults, overcrowding, detrimenetal child-rearing practices, inappropriate methods, and inadequate attention to health, nutrition, and safety—hardly supportive to families or to the development of their children.

Since the ususal maternity leave is six weeks, there is a great need for infant and toddler care, which is especially scarce and is the most expensive to provide—up to $100 per week. Infant care needs a higher ratio of adults to children, quiet space for some infants to nap while others are up and playing, and attention to the special developmental needs of infants. The other urgent, unmet need is for after-school and vacation care for schoolage children, who otherwise are "latch key" children—vulnerable to many hazards, such as fires, sexual abuse, loneliness, and fears. Two to four million young children in the United States are left alone to fend for themsleves for a significant portion of each day, and two-thirds of the child care needs of or nation involves schoolage children.

It is easier to point out problems and deficits than to recommend solutions. Massive amonts of money, for instance, could not instantly supply all the needs because they would not gurantee quality and experience. A fine description of some practical approaches to the problem has been summarized in a chapter on Child Day Care Policy by Gwenn Morgan in the book, "Children, Families, and Government: Perspectives on American Social Policy," edited by Zigler, Kagan, and Klugman. I would like to quote from the last four pages of that chapter:

CHILD DAYCARE IN THE 1980'S: A NEED FOR OVERARCHING GOALS

The needs of working parents

Child daycare stands at a crossroads as the decade of the 1980s has brought a different climate of opinion. Given the unlikely prospect in the forseeable future of a new child daycare "program" or free child daycare for all, a vision of the delivery system needs to take into account the system that was built piecemeal in the 1970s and that is still evolving.

This purchase-of-service system has been regulated by state licensing systems, with fairly high coverage for centers, but less coverage for family daycare (Morgan, 1980). Child daycare today is largely paid for by parents, with direct public subsidy going to the poorest and a tax credit reaching the upper middle class, as shown in Table 14.3. The group that receives the least amount of direct or indirect government subsidies consists of two-parent familes where out of financial necessity both parents are working. Yet this is a group with a clear need for child daycare.

Child daycare policy in chaos

Failure to address the needs of this group has another unwanted consequence. The more wealthy middle-class parents can buy services in child daycare programs and the government can buy into the same system for poor, abused, or handicapped children. However, if child daycare is unable to serve the group in the middle—those two-parent working families who are the mainstream of America— the system will develop in the future as two segregated streams: one—stigmatized even if standards are high—for the poor, another for those who can afford to pay.

The American mindset and financial pressures for program accountability may tend to push the future in the direction of such segregation. Indeed, the 1970s went far in this direction. In the practice of child daycare, possibly because of the healthy experience of serving working families as a support system under the Lanham Act in the years of World War II, there is resistance to these trends and a struggle to create a community-based system of support for all families with children. Unless the pressure to segregate segments of the population into different child daycare marekts is consciously addressed, it is possible that the segregating trend cannot be reversed, despite aspirations of those in the field.

A purchase-of-service delivery system: What should it look like?

In order for a delivery system to accomplish what Dr. Kahn's task force suggested in 1970—unifying but preserving a diverse market—the delivery system would have to be conceptually clear and politically and pragmatically feasible. Such a delivery system must include present providers and the major administrative bureaucracies; one could not "win out" over another. Added to that system would be new elements as needed to provide what is missing in the present system, including:

Broadened goals, so that the system is seen as accomplishing the diverse goals of different interest domains and constituencies.

Major reform of the regulatory system to remove systematic obstacles to the growth of a needed service and to build the reality, as well as the image, of a vigorous consumer protection system, with a strong parent role. The federal government should have model standards, and use them to inspire state funding requirements and the training for the field of practice.

Emphasis on parent choice of program type. States that have emphasized center care exclusively need to encourage a mix of center and family child daycare as the

direction for future growth of the system. Some operating agencies may begin to offer both.

Centralized, nonstigmatized access to child daycare, such as was available during the Lanham Act days. A child daycare information and resource center (perhaps modeled on the old 4-C program or the resource and referral system in California) or another central point of access is needed, although parents should always be able to obtain access to the system at the provider level as well.

Data about where children are, across agencies, so that decision makers have current information about the supply of Title XX daycare, Head Start, school-based services, licensed private programs, and health-related and other programs.

Broadened income eligibility criteria for subsidy at least to the median income. When child daycare is related to work, priority for eligibility should be based on the need for work, and fees should be based on income. Child daycare eligibility should never be based on earnings that the care makes possible.

This eligibility policy might not be consistent with Head Start's commitment to low-income families. In that case, Head Start should continue to serve low-income families without full-time employment, but should not enter the field of work-related child daycare, even though issues of quality should be identical in both types of programs. Welfare caseworkers should target family referrals more appropriately to work-related child daycare when improved income is the family need, or to Head Start when improved income is not the objective.

New attention to the needs of the two-parent working family. Two-parent families are usually excluded from direct subsidy. Working-class families benefit less from the tax credit than do the middle class. An approach to tax credits and direct subsidy must be worked out so that child-care benefits are distributed more equitably. Data on families should be compiled and presented in such a way that two-parent working families are not lumped in the same income category as families that receive their income from one job. These two types of families at the same income do not have the same resources of time available; they have different problems, and therefore different policy needs. Most important, policy should not defer help to a two-parent family until after family breakdown has occurred.

More access to partial direct subsidies for parents who need them in order to make a real choice. Work-related child daycare subsidies should always slide, to avoid limiting the potential of any family for increased earnings. Voucher systems can be used by employers, United Way, and many different bureaucracies so that different constituencies can buy into the same community-based services. Child daycare must be recognized as a support that is needed by families with young children if they are to participate in work, training, educational opportunities, or rehabilitation.

More accurate information on child daycare costs, and reimbursement that is related to cost, when significant public dollars are spent. This is not to say that the funding agency has to pay the whole cost; it may well be unable to do so. At present, however, the funding agency may not know what the real cost is, and may believe it is paying a greater proportion than it really is. For contracts or grants, the reimbursement negotiations should be true cost negotiations, regardless of what portion of the costs the public agency will pay. For Aid to Families with Dependent Children subsidy, allowable cost maximums should be the same as those for the tax credit. Vouchers can be based on the "going rate" or on costs.

Continuation of Head Start programs and school-based preschool services, as well as Title XX daycare. Head Start is a valuable federally controlled demonstration program that can be used to forge new directions for low-income American children and families. Schools, too, should be encouraged to continue in the direction of more family-supportive educational services for young children. There is no need to choose one domain of program administration over another. Title XX child daycare funding at some future date might be broken out as an identified program.

Child daycare that supports families

These improvements in the child daycare system are needed, and are flexible enough so that child daycare could develop differently to respond to the situations in different localities. Because they do not inject a new "program" into an already diverse system, these suggestions are not threatening and could lead to greater sharing and coordination. In the long run, however, more structure and cohesion are needed. The different domains of interest in child daycare need to relate to one another's objectives and to respect some overarching goals for child daycare. At the very least, there should be agreement among all the constituencies that child daycare should be supportive of, and never undermine, the family. Families have a number of important functions, including child rearing, emotional support of mem-

bers, and economic self-support. Any policy that supports one of these functions, but undermines another, is undermining the family.

Ultimately, the policy question facing us in the 1980s is not whether we will have child daycare; it is what kind of child daycare we will have, how it will be delivered in terms of what we know of the needs of children and families, and what can be done to assure parents' ability to find and pay for their choice of service.

It is necessary to broaden the perspectives of the various constituencies represented in child daycare to include the interests of children, their parents, and a healthy society. Most importantly, child daycare policy must be designed never to be substitutive, but always supportive, of all the functions of families.

Health care coverage: Unlike child care, facilities for health care of reasonably good quality and amount are probably already present in Connecticut for working families, but for families of low income, the problem is affordability and accessibility. Many working families are below the poverty level, but not low enough to qualify for Medicaid. While unemployment and changes in eligibility requirements have increased the number of such medically indigent families, Federal funding, which has enabled clinics to serve the medically indigent, has been severely reduced since 1981. As a result, some clinics have closed and some obstetric clinics no longer accept pregnant women who cannot pay full fees.

As in the case of child care, the families who are most deprived of medical care are the working poor and those just barely managing on small incomes. More affluent families are likely to have health insurance, as well as enough income to provide good preventive health coverage. Families supported by welfare receive all medical care without cost from Medicaid. The families in trouble are those who are striving to become self-supporting and make just enough to lose Medicaid eligibility.

Lack of coverage for health care, like unavailable child care, is a major deterrent for working. A mother supported by Aid for Dependent Children can receive full medical coverage for her family. Four months after she begins to work, this coverage ceases, and she must pay for all medical expenses. Many mothers who want desperately to support themselves and their families have been deterred from seeking work or have had to give it up and go back on welfare because they value their children's health care and cannot safeguard it without Medicaid benefits.

An estimated 6,000 pregnant women, 7,500 infants, and 20,000 preschoolers in Connecticut have no health care coverage. When families can barely afford rent and food, preventive health care is out of the question. Medical care is sought only as a last resort, when an illness or injury is too serious to be allowed to proceed further. As a result, inadequate prenatal care leads to increased perinatal complications and increased incidents of premature birth. Infant mortality is increasing in some of our cities. Lack of well-child visits and immunizations make children susceptible to measles and whooping cough; lack of early treatment of abnormalities and illnesses leads to serious and irreversible deformities and increased need for hospitalization.

Our Connecticut legislature passed a statute in 1983—Public Act No. 2015—to increase funding for medical care for needy pregnant women and infants up to 18 months (those with no third-party coverage) and to community health clinics. Thanks to funds from the Jobs Bill allocation to maternal and child health, this is now being implemented, and some pregnant women and infants who would otherwise not have received any health care in our cities with the highest level of poverty are now provided for. This approach needs to be broadened to include older children, as well as fathers and non-pregnant mothers.

Another important enhancement to preventive health care would be a change in health insurance plans provided by many employers. They now almost universally discriminate against children by denying benefits for health supervision and such essential preventive services as immunization. With this denial, children as a class of citizens do not receive equal protection under the law. Current insurance plans encourage hospitalization and other acute services, which contribute to escalating health care costs, yet discourage health supervision and preventive services, which decrease those costs. The guaranteed future inflation now built into health supervision and preventive services in benefits packages. The American Academy of Pediatrics is promoting Federal legislation requiring that, in order to deduct insurance premium costs as a business expense, employers must include coverage of child health supervision in their group health policies. A survey by the Academy of Pediatrics and the Metropolitan Life Insurance Company revealed that the additional premiums would range from $1.79 to $3.62 per month, depending on the region of the country. Such more inclusive insurance plans would clearly be one measure toward containing health care costs.

If both these measures were adopted for the whole country as Federal legislation, it could make an important change toward better health for children and at the

same time lessen both the suffering and the expenditures caused by serious and preventable conditions.

SOME STATISTICS OF CHILD CARE IN CONNECTICUT, JANUARY 1, 1984

Approximately 200,000 children in Connecticut under six years of age: Approximately ¼ in some licensed care, approximately ½ have working mothers.

Number of children enrolled in licensed settings outside their homes—about 54,000: Day care homes about 10,000, day care centers about 34,000 (this includes many part-time programs, such as Head Start and nursery schools).

Number of children in licensed child care settings at any one time—about 44,000.

Number of licensed child care centers and homes—1,048; 105 are subsidized by the State.

Number of centers open 11-12 months—424.

Number of centers open five or more hours/day—446.

Number of centers with license to care for children under three—221.

Number of centers with license to care for schoolage children: Schoolage only (up to 9-10 years)—60, preschool and schoolage (up to 8 years)—100.

Education of director:	
Less than high school graduate	—
High school graduate	71
Some college	152
4-year college graduate	817
Not recorded	8

Transportation of children provided by 105 centers, not by 943.

Type of sponsorship:	
Parent cooperative	70
Church	209
Privately owned	291
Other single sponsor	430
Multiple sponsorship indicated	48
Not reported	—
Source of financial support:	
Tuition	754
Local tax money	—
State tax money	32
Federal tax money	42
Other single source	3
Tax money plus other source	89
Other combination of sources (no tax money)	128
Not recorded	—

Average annual income of working mother—about $10,000.

10% of income is suggested as an affordable unit for child care-about $20/week

Approximate cost fo full day care: Subsidized—$0-75/week, on sliding scale, cost of non-subsidized—$45-100/week.

SOURCES

Day Care: Ms. Frances Roberts, Personal communication, Connecticut State Office of Child Day Care.

Dr. Estelle Siker, Personal communication, Connecticut State Department of Health Services, Maternal and Child Health Section.

Gwen Morgan, Child Daycare Policy in Chaos. In: E. Zigler, L. Kagan, and M. Klugman (eds.), "Children, Families, and Government: Perspectives on American Social Policy." 1983. Cambridge University Press, pp. 249-265.

1980 Census of Population and Housing, Transportation, Labor Force and Disability Status, Table 57; 1970 Census, General Social and Economic Characteristics, Bureau of the Census, Table 53.

Children's Defense Fund, "A Children's Defense Budget," 1983, p. 141; calculations based on Head Start enrollment figures in Connecticut for FY '83 from Region I, Head Start office, U.S. Department of Health and Human Services compared with poverty statistics from 1980 Census of Population and Housing, Poverty Status, Table 94 and Complete Count Table, Table 10.

Health Care Coverage: Calculations based on an analysis done by Connecticut Department of Health Services, the Hartford City Health Department and the Health

Systems Agency of North Central Connecticut; Connecticut Department of Income Maintenance, "A Guide to the Medicaid Program."

Dr. Estelle Siker, Personal communication, Connecticut State Department of Health Services, Maternal and Child Health Section.

News and Comments—American Academy of Pediatrics.

JUNE SESSION, 1983, SENATE BILL No. 2015, PUBLIC ACT No. 83-17

An act concerning health care coverage for needy pregnant women and infants and assistance to community health centers

Be it enacted by the Senate and House of Representatives in General Assembly convened:

SECTION 1. (NEW) (a) The commissioner of health services shall contract annually, within available appropriations, with local providers of health services to provide outpatient maternal and infant health services to needy pregnant women and for infants, up to age eighteen months. Eligibility shall be limited to families who have an income equal to or less than one hundred eighty-five per cent of the poverty level, according to the federal office of management and budget poverty guidelines for nonfarm families, who are not eligible for medical assistance under chapter 302 of the general statutes and lack private, third party health insurance to cover such services. Such local providers shall determine eligibility for services. The contracts shall include criteria for making such determination in accordance with this section.

(b) Services provided under the contracts shall include outpatient prenatal, post partum and infant health care, including, at a minimum: (1) Routine standard screening, (2) diagnostic services, including routine office laboratory procedures, (3) outpatient treatment services and (4) preventive services, including prenatal and infant vitamins, nutrition services, health education and immunizations.

SEC. 2. The commissioner of health services shall allocate at least fifty per cent of any funds appropriated for the purposes of this act, for contracts with community health centers in Bridgeport, Hartford, Middletown, New Haven, New London, Stamford and Waterbury. Half of the allocation to such health centers shall be used to provide outpatient maternal and infant health services in accordance with section 1 of this act. The other half of the allocation to such health centers shall be used to provide health services to other medically indigent persons served by such health centers. The funds not allocated to such health centers shall be used for contracts pursuant to section 1 of this act.

SEC. 3. This act shall take effect July 1, 1983.

Chairman MILLER. Thank you. Josephine?

STATEMENT OF JOSEPHINE YANCHAK, VICE PRESIDENT, LOCAL 133, UNITED AUTO WORKERS, NEW BRITAIN

Ms. YANCHAK. Some of the problems I'd like to discuss are the problems of the working family. I come from a different surrounding than most of the people that have testified so far; I work in a manufacturing plant. And flexitime is something that's offered to our office people; it's not offered to the factory workers.

Now, consequently with the increasing single-parent families, we have a lot of problems with that. And I cited one case in my report where the woman was called out from work and she had to bring her child to the hospital, get it attended to, bring her back home. And one day she lost 2 hours of work, and another day she lost 3 hours of work because she had to take her in for more tests. Consequently, she lost 5 hours of work for that week. Now, she told me she had to borrow money to pay her rent. These people depend on that 40 hour workweek because they depend on that 40 hour pay.

And if it's not, the choice is not offered to them to make up this time, they have to suffer in one way or another. Consequently, she can't pay her rent, her children are suffering on the other hand with something else.

This is something we have tried to bring up in negotiations but circumstances being what they are in the unions having to work so hard in just negotiating for the job security and issues like that, have prevented us from getting legislation, from getting flexitime in our contract.

Another issue that is of great concern in our place is inadequate health insurance, although, from what testimony I've heard so far this morning, there's a lot of people that have a much worse insurance plan than we have. But even with our generous insurance plan, we have a lot of shortcomings. We've had a woman that was, had a 4-year-old child, a husband who's dying of cancer, and one day she called me up at work, and she said with all these problems going on, she says, I want to kill myself.

I talked to her for a while; got her calmed down, went down to her house and we sat down and talked about it. And she says, you know, everything's just too much; I can't take any more. Well, I got in touch with some agencies and got her an appointment with a psychiatrist. The psychiatrist talked to her, interviewed her and referred her to a counselor, which is fine. We have a provision like that in our contract. The only thing is that the contract doesn't specify what kind of credentials the counselor has to have.

And so, after counseling this woman and kind of helping her out of one set of problems, it got her into a $500 medical bill because the counselor she was referred to did not have the proper credentials. So, on the one hand, you're fighting to get an adequate insurance, on the other hand, there are so many loop holes in these clauses that no matter which way you turn, you still get stuck with more problems on top of what you have.

Another issue that I wanted to discuss, and this I left for the end, not because I thought it was the least important but because I thought it was the most important. And that is stress in the workplace. Our company has been building plants down South for the past 10 years. But it's only been the past 5 years or so that rumors and facts have become obvious where there are moving out operations.

We've lost, since 1979, our work force has been reduced from 3,500 people down to 1,500, 1,560 I think is the exact figure now, and it's a constant thing where people come to work everyday with the idea, you know, we're not coming to work because we want to; we're coming to work because we have to exist; we have to live. The attitude in that place is just one of, 1 minute it's an attitude of hysteria at times, and another minute, it's an attitude of who gives a shit. You know, if they're going to close, we'll go somewhere else and find a job.

And then you know, you sit down and you say, but where else are we going to go to find a job? How are you going to exist on minimum wage? And I've looked at the statistics because I wanted to separate, to see if there's been anything that, where they kept records of people and how they're affected and what is the increase in the cases handled by community services agencies because of this problem of plants relocating, whether it be out of state or overseas. And nobody has the breakdown. Nobody actually keeps track of that person that's in that group.

Everybody keeps track of him once he's unemployed; well, once he's unemployed you have another problem. The idea is, and this is why I'm here testifying is that I hope that this committee will really be strong in plant closing legislation to either start programs ahead of time, maybe forcing the companies into saying, well, yes we are planning to relocate in a certain period of time and give the community, give the unions and public sector a chance to reeducate the workers that are going to be dislocated by this move.

Because, not only is this affecting the people right now, and in my report I gave you a case of a man with 5 children that was late a lot for a period of I believe 13 months was the first time and I've had to bother Nancy Johnson in helping me forestall a foreclosure on his home, he was just so desperate he didn't know what to do and with his family, his younger child is 1 year old and the oldest is 11 years old, where do you go? How do you cope with all of this?

He couldn't cope with it. I had helped him in the past and so his natural instinct was to come back to me and the only one I could possibly think of after calling all these people and calling all these agencies trying to pick up help from somewhere, was Nancy Johnson. I thank God she was able to help me.

Now this man's been back to work for about 10 months and just last week, he would have gotten laid off again if we hadn't been able to place him in the main plant. Now how long that's going to last, I don't know. Then his problems start all over again. But it's like, you know, I come into work in the morning and I look at this man—and I call him a boy because he's only about 32 years old—I look in his face, you know, and he looks at me and says what if, what if I get laid off, what's going to happen? Where am I going to take my family? What am I going to do?

It's this desperate situation that I'm hoping that you, through the legislature, can influence the community, influence the employers, or whomever you have to into helping these people, be it with, as far as foreign competition, be it with maybe increasing the tariffs on these imported products, some way, but I think the time has come where we have to start looking at the human factors of that worker.

And believe me, right now, we're not feeling very good in that company.

[Prepared statement of Josephine Yanchak follows:]

PREPARED STATEMENT OF JOSEPHINE YANCHAK, VICE-PRESIDENT, LOCAL 133, UNITED AUTO WORKERS, NEW BRITAIN, CT

Some of the issues I would like to discuss, are the problems of the working people. The families in which both parents must work to make ends meet, the single parent, inadequate health insurance flexi-time, stress in the workplace; caused by the fear of losing one's job, whether it be because of poor economic conditions that result in a large number of layoffs, or of companies moving out of state or overseas, because of cheaper labor costs.

Since World War II, we have seen a significant change in the work force. Women have entered the job market in increasing numbers. In today's economic situation both parents must work to provide for their children, because of rising costs and high inflation. In this case, what happens to the children?

Today there are few day care centers that offer adequate child-care at an affordable price to the average worker. Some parents are forced to work different shifts in order that someone is home with the children. Often times because of unforeseen situations that arise, children are left alone, or else with a babysitter or an un-

trained neighbor. This poses a problem not only for the parent, but for the child as well.

With the increasing divorce rate, we now have a greater number of single parents who have to cope with the responsibility of being head of the household.

Flexi-time is an absolute necessity not only for the insurance industry and other white collar workers, but for the blue collar worker as well. The dilemma facing the single parent today is lost time resulting in lost wages. Flexi-time would provide an opportunity for this time to be made up without the sacrifice of lost wages.

A case in point is a young woman with two teenage children. This women worked full time and had a part time job as well. One day she was called out of work on an emergency call. She rushed to the hospital. Her daughter had passed out in school. After her daughter was treated in the hospital, she took her home, put her to bed, and returned to work. She lost two hours of work. The next day she had to take her daughter back to the hospital for more tests. This resulted in a three hour work loss. As a result of the five hours in pay loss, she had to borrow money to pay her rent. Flexi-time would have eliminated this.

Another case is a man whose wife was in the hospital. Because he had to get his children off to school every morning he was late coming to work. Although his foreman was aware of this the man was fired from his job. He was later re-hired after much deliberation and anguish on his part several weeks later.

Health insurance is another very important issue. I work in a factory which has a very good health plan. We had a young woman who was twenty-eight years old with a four year old child whose husband was dying of cancer. She struggled for months bringing this child from house to house to have someone care for her while she went to work. One day she called me and said, "I can't take this anymore, I want to kill myself." After talking to her, I persuaded her to seek professional help. I called several agencies and finally set up an appointment with a psychiatrist. He in turn referred her to a counselor. When the bill was submitted to the insurance company, they refused to pay. They claimed the counselor did not have the proper credentials to warrent payment. As good as our insurance seems to be on the surface, there are still many services that are not covered. As a result of this, the women ended up owing $500.00 for counseling on top of all her other troubles.

Another important factor facing the worker today is stress. Stress is more so with us today than ever before. With the fear of layoffs and plant closings or moving out of state, stress plays an important factor. In my company rumors of plant closing and relocation out of state have been with us for the past five years.

Morale in the shop is at an all time low. No one is sure of his job. Will the company shut its doors tomorrow or next week, no one knows. No one looks forward to coming to work anymore. We have seen the work force cut in half in the past three years. It's either the fear of layoff or closing.

One of the people on my floor was laid off for over a year, and he was facing foreclosure on his house. I appealed to Representative Nancy Johnson and with her help we were able to stay the foreclosure. The man has been back to work for eight months and once again he may face being layed off. Where is he going to go with five children ranging in age from one to eleven?

Two years ago we were in negotiations for a new contract. We received very little in wage increases and benefits. The company wanted us to pay part of our health insurance plan. They finally backed down in that demand. Rumors were flying that if we did not accept this contract, they would close the doors. We accepted. We went back to work with uncertaintly, layoffs were scheduled again, each of us wondering if we would be next. No one plans for the future anymore, we just exist. The uncertainty of not knowing how much longer we will have a job has effected everyone's lives.

In 1980, there was a study in New Britain on family life and the work place. Some of the recommendations coming out of the study were:

"1. To encourage local government and industries, and businesses to incorporate options for the job sharing, part-time employment and flexi-time into the work schedules.

"2. Quality day care services should be available to all families requesting these services.

"3. Private and public sectors should work together to establish a policy which ties minimum wage increases to the inflation rate, in other words, an automatic cost of living adjustment.

"4. Make adequate health insurance available to all employees and support the establishment of a National Health Plan.

"5. Take measures to protect low and middle income families from adverse effects of increasing energy costs.

"6. Emphasize full employment legislation."

The people participating in the study suggested some very worthwhile recommendations. Even though we were unable to bargain for these recommendations in our contract we certainly are very sensitive to these vital issues.

Unions have trained hundreds of volunteers to help counsel and make referrals. These people have given numerous hours to helping their fellow workers. However, Reagan's anti-worker policies have certainly put any betterment of the working class life some years back.

The United Auto Workers at it's convention in Detroit has re-affirmed it's committment to:

1. Job security.
2. Reduced work time with adequate pay.
3. Cuts in overtime.
4. Curbs in plant closings.
5. Up-front wage increases.
6. Cost of living adjustments.
7. Improvements in profit sharing plans.
8. Increases in pensions.
9. Rejection of employer demands for co-payment of health insurance.

In conclusion, the issues of the "80's" is the protection of the worker. His income, his health insurance, his pension, and the general well-being of himself and his family.

Chairman MILLER. Thank you very much. Ms. Ritter?

STATEMENT OF MARTHA RITTER, AUTHOR OF STUDY ENTITLED "AFTER SUPPORTED WORK: POST-PROGRAM INTERVIEWS WITH A SAMPLE OF AFDC PARTICIPANTS"

Ms. RITTER. Thank you. I am here to talk about the transition of long-term AFDC participants back into or into for the first time, as is more often the case, the labor force.

Work for most of these women has been at best sporadic and many have never worked outside the home. They often lack the confidence and discipline that it takes to hold a job. Indeed, they perceive themselves to be outside the cycle of life that sustains people who are working.

Without work experience, work habits, and a marketable skill, where does a mother turn who's been supporting her family on AFDC payments and who wants to work?

Supported Work is a program designed specifically to address these problems. The problems of people who are on the margin of the labor force who often face staggering obstacles. I'll give you, as an example, a woman whom I met in Oakland, CA, who had been on AFDC for 11 years; she had her first child when she was 14 and she could not look anyone in the eye whom she did not know. When she spoke, her eyelashes fluttered, her face turned toward the ground her voice became inaudible, and yet this woman wanted more than anything in the world to work. Giving her a job was not going to do it.

After she'd worked on the Supported Work Program there for 1 year, she was able to take a job at the Oakland Airport as a janitor with a great deal of confidence and joy and I found her on her breaks going around filling out job applications just to keep in practice. She'd go to the rental car place, and then she'd go over to the restaurant. Her entire life changed after 1 year. That's a very dramatic example but there are many.

What is Supported Work? It is not magic; it is a highly structured scheme to attack the sticky problems of those people who

have little work history. These so-called supports are small crews of people who have the same kind of background or experiences as you do, and a good number of supervisors who are not only teachers but who are troubleshooters and counselors.

Graduated stress is what they label the very slow easing into attendance and production demands that are required of a regular job. I'll give you an example of this.

A woman whom I met in Newark, NJ, who, again, wanted more than anything in the world to work, was scared out of her mind to make that first step. She signed up for the Supported Work Program but she couldn't get there. She just was afraid that she was going to fail; she hadn't been out of the house and talking to people in a good number of years.

So she called up the first day, told the supervisor that her child was ill and she went to bed; she stayed in bed for a week. She called up every day saying that her child was ill and on a regular job, she probably would have been fired. In Supported Work, the supervisor called her up; had an inkling of her fears and what was going on and came over, talked to her, took her out to lunch and she gradually eased into the pattern of a workaday schedule.

Another aspect of Supported Work that is very important is the job development part. It's more than learning to comb the classifieds for jobs; it again requires this painstaking, very slow process of, for example, helping that woman who ended up working in the Oakland Airport. Everyday for months, she went into the job training class and the supervisor had her shake his hand, look him in the eye and talk to him.

Supported Work was started by a nonprofit organization called Manpower Demonstration Research Corp., which pioneered it in 15 cities for 5 years. It was a huge experiment with a control group which involved over 10,000 people in total, to see whether the hard core unemployed could be maneuvered into the work force.

And they had four target groups that they zeroed in on: ex-addicts; ex-prisoners; high school dropouts with some juvenile delinquency record; and the AFDC women. The AFDC women were the stars of this program, quite dramatically. They clearly profited the most and they had the best attendance rates in Supported Work; they stayed the longest average time in the Supported Work Program, which, depending on the city, was 1 year to 18 months.

And they had the highest rate of departures into a regular job. The percentage of women who went from their 12 to 18 months at Supported Work directly into a permanent job averaged 35 percent, which, compared to other programs, is quite high.

In Hartford, where there was a program called Maverick Corporation, the average was 40 percent.

More than a year after leaving the program, former AFDC participants were working 35 percent more hours and earning 50 percent more money than the control group. It's very interesting that within the AFDC group, there are certain subsets of women that show the greatest contrast to their control group counterparts; they tended to be the older women—older they say—36 to 44, women who had not completed high school and women who had been on welfare for a long period of time who had no prior work experience and who had not recently participated in a job-training program.

I don't know what that tells us about job training programs. These results, it seems to me, really speak to the effectiveness of this program since these subsets are certainly considered the hard core of the hard core unemployed.

To gain a clearer understanding of exactly why this program worked for some women and why it didn't work for other women, I went around and talked to a good number of them in Newark and Oakland. And I'd just like to give you a brief summary of the four groups that I felt these women tended to fall into.

The first group is made up of women who expressed the fervent desire to leave welfare. They were just fed up with being asked when the last time they slept with their boyfriend was and being led to the subbasement of their local department store and being shown furniture that was offered only to the welfare recipients, this kind of thing.

One woman was so determined to leave behind her day-to-day existence that she turned down several job possibilities offered by WIN.

She said, "I told them I didn't want them because there was no future." And this is echoed in this first group of women.

To show you the determination, one woman who was hit by a car, her pelvis broken, and both legs and arms, and she was told she'd never walk again. She said, "put on those shoes and let's go. I'm going to get a job." And within 1 year she was working. It was a rather dramatic case where she had to crawl across the roof of her building in a public housing project because the elevator was always out of order and she worked on a night shift.

These are the kind of stories you find of women wanting so desperately to work. They had a readiness, a really self-orchestrated readiness that was very clear. They'd often research child care problems before hand and they were all ready with somebody to take the kids to if they got a job.

"It was not the money," said one woman, "because I'd learned after all those years to live off a little bit." She just wanted to change from her now monotonous life; she'd raised many children and was raising a grandchild on AFDC. A remarkable story there. She went through the program at Oakland and she ended up being the manager of the service station there which was a place that employed supported work crews. She started training them; operated the station by herself, took over the books, and it was an example of how the personal slow transition can be workable.

She would make 5 a.m. wake-up calls to people when she knew that they were likely to oversleep. She would take them fishing on weekends to give them some kind of incentive to come to work because they were getting to know the people.

These women in the first group often said they wanted to go back to work because they wanted to help other people; "I wanted to do something for someone who needed me," was very often said to me.

From the sound of this kind of exuberance and single mindedness, one might conclude that these women did not need supported work. But I'd like to stress that included in this first group is the woman in the Oakland Airport who probably never would have made it to the job if she had not had that kind of transitional year.

And the woman who went to bed and stayed there all day after she decided that she wanted to have a job. So even these really determined women, I felt, needed these supports.

The second group was very much like the first in its determination and organization and readiness to work but they met with remarkable bad luck. There were a lot of work-related injuries and a lot of age, race, and sex discrimination, so that they are distinguished in terms of their circumstances within the labor market, not necessarily their motivation. Lots of unforeseen misfortunes plagued these women.

One woman went to her first job on the night shift in a factory and she was so tired, she fell asleep at the wheel of a car, had an accident, and she—I won't go into her string of misfortunes—she became a night clerk in a hotel, and there was a holdup and she was fired because they needed a man, and those sorts of things. So they began to see what problems face anybody in the workplace.

The third group was different from these first two groups. They really hadn't a glimmer of this self-orchestrated readiness. They, again, were really wanting to work, but they had very short term goals.

Money was the most important thing to this group and they tended to take jobs that were very short term and had very few benefits. Because the most important thing was to just get a job. It was none of this, "I refuse to do that because I'm thinking about my long term future."

And these tended to be women who had a lot of health problems, depression, obesity, high blood pressure, alcoholism—all of which contributed to the instability of their lives. And they tended to contribute—in ways that they were often not aware of—to the confusion of their lives.

One woman tried to help solve a day care problem by toilet training her son before he could walk. And he ended up with more problems than he had in the beginning. And some of the women took extremely grueling jobs in factories that men would have a hard time with; these were the women who were badly injured.

These were the women who had day care problems. They had many of the problems that we've heard about here today and they were not as turned off by welfare as the first two groups. They saw it as a place to stay between jobs.

And last, the fourth group was clearly overwhelmed by the everyday workings of the world. It was all one woman could do to clothe her obese teenaged daughter. Just getting her the clothes was her main preoccupation.

For one woman, when the bus route changed the WIN Program ceased to exist because she could not figure out the bus schedule. There were very complicated obstacles for this last group. Also, along with their inactivity and confusion there was an incredible sense of fear, a fear of being victimized, of being really cut off from the rest of the world.

One woman lives all day, 24 hours a day, with her guard dog by her side in Newark, who never goes outside; another woman will not allow her teenage daughter out of her sight; another woman sleeps all day because she paces the floor at night to make sure that her children are going to be OK.

These women have gone back to AFDC and it is interesting that they say that if they were given a chance, they'd like to go back to Supported Work; they'd like that to be their job. The idea of it being a transition is something that really does not work for this group. Most of them have a lot of health problems and there's a lot of chronic depression.

The fact that these women want to go back to Supported Work makes one think about how Supported Work might for people in the future be modified. These women seem to realize, well, they feel that they cannot work in a regular job. I can't stress enough the fact that after 1 year, or 18 months, some of these women still had the kinds of fears we talked about the woman in the Oakland Airport overcoming.

Perhaps they need a longer transition period; perhaps they need a more elaborate support system or perhaps, as one Supported Worker said, which a lot of them who got a lot out of the program said, "if you want to work, the program is there for you but you've got to want to do it yourself." It seems to be only so far that Supported Work supports can reach.

In closing, I'd just like to read a quote from the research findings of the Manpower Demonstration Research Corporation, which has been billed by some people to be the largest social experiment in the history of this country:

> The cost benefit calculation for the AFDC group reveals that, primarily because of the employment and earnings gains of participants after they leave the program and because of the value of the goods and services produced by them while they are in supported work, the net benefit to society is considerable. Moreover, the benefits to the taxpayer from reductions in welfare payments, the taxes paid on earnings, and the reduced use of foodstamps, housing subsidies, and Medicaid, exceed the cost of providing the supported work jobs.

Thanks.

[Prepared statement of Martha Ritter follows:]

PREPARED STATEMENT OF MARTHA RITTER, AUTHOR "AFTER SUPPORTED WORK: POST-PROGRAM INTERVIEWS WITH A SAMPLE OF AFDC PARTICIPANTS"

Most women who are long term recipients of AFDC (Aid to Families with Dependent Children) have become so far removed from the work-a-day world that entry into our country's labor force is an impossible dream. Work for most has been at best sporatic and many have never worked outside the home. They often lack the confidence and discipline it takes to hold a job. Indeed they perceive themselves to be outside the cycle of life that sustains people who work. Without work experience, work habits, and a marketable skill, where does a mother turn who has been supporting her family on AFDC payments and who wants to work? If she wants to move up the ladder, how does she go about getting on the ladder? This is one of the fundamental questions of our times—how the hard-core unemployed who feel defeated on the outskirts of our society can become employed and productive.

Supported work is a program designed specifically to help such people on the margins of the labor force face the often staggering obstacles that exist between them and the first rung on the ladder. Take, for example, a woman I interviewed in Oakland, California who used to become virtually inaudible and whose eyelids used to flicker out of control when she spoke to people, so terrified was she of encounters outside the familiar terrain of her home where she had been on AFDC for eleven years. After a year of supported work she landed a job as a janitor in the Oakland Airport earning seven dollars an hour, looking people straight in the eye with a great sense of accomplishment, and roaming the airport on her coffee breaks filling out job applications just to keep in practice. What is supported work? It is not magic. It is a highly structured scheme to attack the sticky problems of those people who have little work history. There are small crews. Fellow workers are people with single problems. Supervisors are not only teachers but trouble shooters and counsel-

ors. One woman who signed up for the program was so terrified she would make a fool of herself that she crawled into bed the first day and called her supervisor to say that her child was ill. She stayed in bed all day. The next day she did the same thing. On a regular job the woman probably would have been fired, but her supported work supervisor kept calling and even took her out to lunch in an effort to ferret out her fears and talk about them. "Graduate stress" is a hallmark of supported work, easing the attendance and production demands toward the stringency of a real job gradually.

Of course, the job development part of the program is also essential since work experience means little without the ultimate prospect of a permanent job. Supported workers learn how to look for jobs. This is a major effort with formal classes that go far beyond combing the classifieds. The job development supervisor of the woman at the Oakland Airport persuaded her to shake his hand, look him in the eye, and talk to him in his class each day for several months until she was no longer trembling.

In a closely researched five-year demonstration overseen by Manpower Demonstration Rosearch Corporation, supported work programs were aimed at four target groups—former drug addicts, ex-offenders, young school dropouts (many with criminal or delinquency records), and AFDC mothers. In all 10,043 volunteers—counting the controls—were enrolled in fifteen cities throughout the country, including Hartford, from 1974 to 1979. Six federal agencies and the Ford Foundation funded the demonstration.

Of the four target groups, the AFDC mothers were the stars. They had the best work attendance rates, stayed the longest average time in the supported work program, and had the highest rate of departures to a regular job. The percentage of women who went from their twelve-to-eighteen months of supported work directly to a permanent job average thirty-five percent. In Hartford it was about forty percent. More than a year after leaving the program, former AFDC participants were working thirty-five percent more hours and earning fifty percent more money than their control group.

It is interesting and important to note that certain subsets of women showed the greatest contrast to their control group counterparts. They were the older women, between thirty-six and forty-four, women who did not complete high school, and women who had been on welfare for a long period of time who had no prior work experience or who had not recently participated on a job training program. these results, it seems to me, speak for the effectiveness of supported work since these categories of women are surely considered to be the most hardcore of the hardcore unemployed.

To gain a clearer understanding of what exactly supported work meant to the lives of AFDC participants I interviewed some who had been through the program in Newark, New Jersey, and Oakland, California—a program not unlike Hartford's project, Maverick Corporation, in its manufacturing work and operation of a gas station. In my study I tried to find out why some women's lives changed dramatically through supported work and why others' did not. The women tended to fall into four groups. I would like to summarize these groups briefly to give you an idea of the spectrum of obstacles faced by long term recipients of AFDC in groping toward a steady job.

Group I: Most of the women in the first group expressed the fervent desire to leave welfare. They were fed up with being asked when they last slept with their boyfriends and being led to a special room in local department stores set aside for welfare recipients where, as one woman put it, "you could buy furniture that wouldn't last a day." One woman was so determined to leave behind a day-to-day existence that she turned down several job possibilities offered by WIN: "I told them I didn't want them because there was no future," she said. One woman was hit by a car which broke her pelvis along with both thumbs and legs. She was told she would never walk again. She said to her doctors. "Put on the shoes and let's go." Within a year she was walking.

The state of readiness in these woman was unmistakable. Some had already researched childcare possibilities in case they got a job. "It was not the money, really," said one, "because I had learned after all those years to live off a little bit." She just wanted to change what she considered a monotonous life. She was a grandmother who had been raising her grandson on AFDC and she'd never held a job. Now that the boy was in school, she was free to get out of the house. She signed up for supported work where she quickly rose to the position of crew chief and then went on to a permanent job as assistant supervisor of a service station where she works twelve hours a day handling the books, training supported workers, and giving the close supervision she herself once received. Many weekends she takes her

crew fishing, she often cooks them dinner. And she has been known to make five a.m. wake-up calls.

In addition to their wish to be independent, these women seemed to be driven by a strong desire to help other people. Over and over they would say, "I wanted to do something for someone who needed me." That was not always possible, but the women tried to find work where they could minister to others. One woman who lucked out works on the housekeeping night shift at a hospital and finds herself hauling stretchers as often as she cleans sinks. "I always like to feel I'm doing something to help somebody," she says. "A lot of people really don't care. I do . . . They'll say, 'What are you doing on this side (of the hospital)?' and I'll say, 'Well, there was a person who needed me.' "

From the sound of this exuberance and single-mindedness, one might conclude that these women would have found jobs without supported work. Just remember that the woman who could barely whisper to a stranger and the woman who stayed in bed—women truly paralyzed with fear—were in this group of determined women.

Group II: In many ways the second group resembles the first. These women had a similar enthusiasm for work for work and their supported work experiences—for which they were grateful—helped develop self confidence and a sense of independence. Despite their determination and initial optimism, however, these women faced insurmountable problems when they reached the labor market and tried to settle into jobs. They faced work related injuries and age, race, and sex discrimination which turned out to be devastating obstacles to holding their new found jobs.

Unforeseen misfortunes of all kinds plagued these women. One worked two days on a factory night shift and then fell asleep at the wheel of a car. Although she was not hurt she was frightened and quit. After a couple temporary jobs in a factory and a drugstore, she found a job as a night clerk in a San Francisco hotel where she worked four months until she was robbed on duty and, by her account, fired to be replaced by a man.

Group III: For this group there is no glimmer of the self-orchestrated readiness found in the first two. They do not show the same long term goals. They are, however, scrappers, desperate to work. The most important thing is to bring home money, which they deem the most significant part of a job. Their jobs tend to be short term with meager benefits, but they keep going from job to job.

The obstacles faced by these women are not as clearly derived from outside circumstances as they were in the second group. Depression and health problems—obesity, high blood pressure, and alcoholism—contributed to the continuing instability of their lives. They seemed to feel that their lives are on the verge of going haywire, but despite extraordinary efforts to make things go right, they tended to exacerbate their own problems. One woman tried to help solve a daycare dilema by toilet training her son before he could walk. She found it only added to his troubles. A couple women took on jobs that they were told would be physically grueling for strong men. They were badly injured. There is an overwhelming sense of being victimized, even by their own children.

While the first two groups had been able to make arrangements for daycare usually, this group had a very difficult time. One woman who is constantly trying to find help for her five children and hemophiliac nephew while she works in a barrette factory getting "bruised fingers and swollen arms," described how she felt each time she was pregnant. "I felt disgusted. Each time. I would go into a shell and not talk to people . . . I was more disgusted with myself for getting caught. I would sit down and talk to myself and call myself an idiot . . . I was really depressed when I had the twins because I didn't know how I was going to survive."

This group was not as repulsed by welfare as the first two. It was deemed an acceptable resting place between more remunerative activities.

Group IV: These woman appeared to be overwhelmed by the everyday workings of the world. It was all one woman could do to keep an obese teenage daugther fed and clothed. When the bus routes changed in Oakland, the WIN office ceased to exist for another woman because she simply could not imagine how to get there. Along with inactivity and confusion, fear dominates many of these women's lives. The sense of being victimized virtually cut them off from the rest of the world.

"Things are bad, not just here . . . Everywhere someone is getting ripped off," said one woman who keeps a guard dog at her side at all times. Another would not let her teenage daughter out of sight. One slept during the day and paced the floor in terror at night.

In most cases a good deal of this vulnerability stemmed from the actual starkness of their surroundings. Their housing was generally inferior to the other groups. Broken windows, broken elevators, and unlit stairways—which made them feel like easy prey—were fixtures in their daily routiness.

These woman have gone back to AFDC. They stayed in the supported work program, it seems, mainly for the money although over and over the women spoke about the pleasure of getting out of the house. Supported work was a big event in their lives—a place to go, something to do. They were not used to much contact with people. Most were not in good health and chronic depression was not unusual.

What is remarkable and especially poignant about this last group is that almost all say they would like to go back to supported work. This was the sentiment of the least reflective and least communicative participants interviewed who often spoke in monosyllables interpersed with periods of silence. They say they simply can't find a job on their own and most seem to realize that they are not in condition to withstand the rigors of a "real" job.

This fourth group poses an enormous challenge to the engineers of future supported work programs. Perhaps they need a longer transition period, perhaps they need a more elaborate support system, or perhaps as one supported worker said, echoing many others, "If you want to work, the program is there for you, but you've got to want to do it yourself."

In closing I'd like to quote one of the research findings of the Manpower Demonstration Research Corporation: "The cost-benefit calculation for the AFDC group reveals that, primarily because of the employment and earnings gains of participants after they leave the program and because of the value of the goods and services produced by them while they are in supported work, the net benefit to society is considerable. Moreover, the benefits to the taxpayer from reductions in welfare payments, the taxes paid on earnings, and the reduced use of food stamps, housing subsidies, and Medicaid exceed the cost of providing the supported work jobs."

Chairman MILLER. Thank you. Lola Nash?

STATEMENT OF LOLA NASH, M.A., DIRECTOR, YALE-NEW HAVEN HOSPITAL INFANT-TODDLER CENTER; AND LECTURER, YALE UNIVERSITY CHILD STUDY CENTER

Ms. NASH. The Infant-Toddler Center for the children of employees of Yale-New Haven Hospital began operation in August 1983.

The opening represented the culmination of a 5-year effort that began with an expression of need and continued through many stages of planning and execution. It is another example of the day care syndrome that begins with an idea, takes time to catch on and formulate and then gathers speed and momentum when it is supported and nurtured.

In 1978, employees of the hospital began to articulate to the benefits and personnel offices their frustrations about finding adequate child care, particularly for infants and toddlers. A survey by a member of the personnel department revealed that in that year 40 percent of the women employees left for maternity leave while only 20 percent returned. Half of that number were nurses. Those who did return frequently changed to part time or different shifts and the reasons were almost always due to child care problems which were most severe in the first year.

The cost to the hospital in actual dollars and in disruption and dislocation made it clear that the constant replacement of personnel was more expensive than setting up and subsidizing a day care center to help address the problem.

I have been told recently, and this is just an aside, that it costs Yale-New Haven Hospital $7,000 to train a nurse; this is not the cost of the nurse's own training, but from the time of interview, orientation, and first months. Most of these nurses are very young and leave a year or two later to have their first child.

A child care needs assessment conducted in 1982 confirmed that the vast majority of those interested in care wanted it to be on site and for children under 3.

The commitment of the hospital to create a center for infants and toddlers was accompanied by their determination to ensure that the program be one of high quality.

I served as a consultant for 7 months to plan for the center and was then hired as the director.

We were fortunate in acquiring a beautiful old Victorian townhouse directly across the street from the hospital for our center. It provided an ideal setting for the small, intimate home-like environment so conducive to the care of very young children.

The months of planning were devoted to the details of creating the policies and procedures for the smooth running of a program. These, however, were viewed as the undergirdings for the more essential task of ensuring that the young children we would care for would have their needs adequately met.

The basic ingredients for quality care—and we've talked a lot about that this morning, but I'd like to repeat them—the basic ingredients, I believe, are the following:

1. A program that is developmental—one in which a trained experienced staff understands the developmental stages of young children and the expected behavior within these stages. Caring for infants places a special responsibility on caregivers who must guarantee the safety and well-being of babies while providing opportunities for them to explore their world and grow in confidence and independence.

The infant changes so rapidly that it requires unusual skill to observe these indications of growth and to adapt to and plan for them. They are so sensitive that disregarding their cues often leads to mounting problems.

2. Partnerships between the staff of the center and the parents of the children are essential for this sharing of childrearing that day care represents. Parents who place very young children in care for long hours are vulnerable and need support and assurance.

3. Good programs nurture the caregivers so they can in turn nurture the children and their parents. Teachers need to feel necessary and respected. They need to be paid well and have excellent health care and good working conditions. How can exploited, depressed women create a climate of joy and learning so important to children?

This morning, a short time after I came into this hearing, there was some testimony from the Connecticut Committee on the Status of Women. There was an electric shock that went through the room when one remark was made, because many of the people in the room who had to leave in order to go back to take care of their shops were child care people, and they said to me as they left, "Lola, be sure you say something."

I don't know if this is a big mystery to you, but the remark that was made about a child being left in the front of a building with a lunch pail in a sense highlighted some of the difficulties that exist when one group of women finds itself in the position of exploiting another group of women. Most of the people who provide child care are women and they are amongst the most lowest paid of any workers in this country.

Teachers are the lowest rung of any economic ladder, and the younger the child one teaches, the less are the compensations for

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that. No child in a good center is ever placed on a doorstep with a lunch pail. There are oftentimes when staff work overtime 2 or 3 hours when there is some unforseen crisis that occurs.

And not only are these children kept within the building, but in good programs, they are guarded from worrying about where their parents are, and great effort is made to make these children feel as comfortable and as happy as they can, appreciation of this is part of the nurturing that staff needs.

4. Group size should be small with a low adult-child ratio. Our center has four mixed age groups of eight children aged 3 months to 3 years. Each group has two full time and one half time caregiver.

These four basic principles are expensive to carry out. The long-term effects of not adhering to them can be far more costly.

The value of on site care is made clear to me daily. The ability of parents to visit their children during the day is significant for both the child and parents. The children look foward to these reunions as eagerly as their mothers and fathers. For the infant, the proximity allows for nursing or bottle feeding by the parent. The toddlers love the shared lunches, playtimes, and brief walks with moms and dads. In an atmosphere as filled with crises and anxiety as that of a hospital, these visits become especially meaningful.

The nurse caring for very sick children needs the reassurance of seeing her healthy child frequently. Another benefit of on-site care for infants is the availability of the parent when a child suddenly becomes ill. Sometimes it isn't even necessary to take a child home but so helpful for a parent to confer with the caregiver about the symptoms.

Our house has many large windows that look out on the hospital complex. We look out with our children and show them where Mommy and/or Daddy work; we bridge the two worlds of home and work and share common experiences. Parents visit us but we cross that street too. We have some juice in the cafeteria, run on the lawns, climb on the steps, and sometimes wave to parents looking out of their windows. We bring to that world of uncertainty and tension the refreshing reality of children.

I would like to bring before this committee another concern that my experience in day care has qualified me to address: that is, the areas of greatest need at the present time.

Without doubt, the programs most in demand are those for children under 3. It is not sufficient, however, to attempt to create a large number of new programs without being attentive to the many tangential issues involved. These issues would fit under the general heading of child advocacy and directly effect the care and healthy development of young children.

Of primary concern is the cost of good child care. There are no shortcuts or bargains. As stated above, small groups with qualified consistent caregivers represent the only certainty of children's individual needs being met. They also present us with personnel costs that necessitate tuitions out of reach to the vast majority of working parents. The subsidization of child care programs by public and private agencies offers the only hope that the proliferation of out of home care will not result in a generation of neglected children.

The growth in infant-toddler programs has brought about a gap in the number of caregivers available who are informed about child development. This chasm is further deepened by the recent spurt in research on the vast potential of the human infant. Attention needs to be given to encouraging the dissemination of knowledge about infants and toddlers, especially to those who are hired to guide them.

The return to work of so many women with very young children has resulted in another lag. Regulations pertaining to maternity leaves, time for staying home with sick children, and adjusting children into day care programs, paternity leaves, and flexibility of shifts for parents of infants—these are some of the major issues that deserve careful consideration by this committee. Their resolution can often mean the difference between a coping family and one in frequent crisis.

Prevention of family problems can help create secure parents which leads to more secure, well-adjusted children which must in the long run contribute to a healthier society.

[Prepared statement of Lola Nash follows:]

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These issues would fit under the general heading of "Child Advocacy" and directly effect the care and healthy development of young children.

Of primary concern is the cost of good child care. There are no shortcuts or bargains. As stated above, small groups with qualified, consistent caregivers represent the only certainty of children's individual needs being met. They also present us with personnel costs that necessitate tuitions out of reach to the vast majority of working parents. The subsidization of child care programs by public and private agencies offers the only hope that the proliferation of out of home care will not result in a generation of neglected children.

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Prevention of family problems can help create secure parents which leads to more secure, well-adjusted children which must in the long run contribute to a healthier society.

Chairman MILLER. Thank you very much. Mr. Yanke?

STATEMENT OF MICHAEL A. YANKE, SECOND VICE PRESIDENT, OPERATIONS RESOURCES, PHOENIX MUTUAL LIFE INSURANCE CO., HARTFORD, CT

Mr. YANKE. Good afternoon. I'm with Phoenix Mutual Life Insurance Co. and I'd like to talk specifically about some of the steps that our company has taken to help its employees. To us, it makes good sense to provide a secure working environment for our employees. It helps us through better productivity and customer service, and it also helps give our employees some peace of mind.

In February 1974, Phoenix introduced flexible working hours long before the concept really became popular in the United States. Under this program, our employees select their own work schedules and can arrive as early as 7:15 in the morning and leave as early as 3:10 in the afternoon. We feel this flexibility promotes job enrichment and allows the employees to make their own decisions about work schedules.

It gives all employees, including working parents, the opportunity to best meet their individual needs. It's no secret that a growing number of single parent families and a growing number of families with both parents working outside the home exist. An estimated 4 million children between the ages of 6 and 13 are without adult supervision for lengthy periods each work day.

These latchkey children may come from families with a single parent and a low income, as well as middle-class or affluent families.

To alleviate what is admittedly a very difficult situation, Phoenix Mutual sponsored a latchkey program for their employees and their children. We believe that we are the first corporation in the country to sponsor such a program as an employee benefit.

The course is given by Evie Herrmann-Keeling who is the director of Parents Anonymous of Connecticut. Parents Anonymous is a national private nonprofit organization set up to prevent abuse and neglect of children.

The course which is patterned after the one developed by the Johnson County, KS, Latchkey project, consists of five 90-minute sessions and is designed to address problems and opportunities for growth that latchkey children and their parents need to experience. The first session, which is just for parents, identifies specific parent concerns and potential problem situations. It assists the parents in assessing and monitoring their child's performance in self-care and helps them understand the responsibilities of both the parents and the children in self-care.

This is followed by three sessions which are just for the children. During these sessions, the youngsters get a chance to talk about home safety, problem solving, communicating their feelings with their parents, and caring for younger brothers and sisters.

The final day of the program brings the parents and the children together to discuss what's been learned and also to establish a contract. At this time, the children and the parents sign a contract agreeing to specific rules and procedures.

The latchkey program given by the company for the first time in March, was well received by all attendees. Many parents expressed an interest in setting up support groups that could meet and con-

tinue the discussions. We are planning a second session in May so more employees can be involved.

Many of our employees have children involved in some form of day care. As children, needs, change from infancy to preschool and then school age, their needs for child care changes also. Phoenix maintains a comprehensive listing of day care facilities in the areas of the company's home office facilities. These lists are updated once a year and are centrally located so our employees have easy access to them.

They contain the names, addresses, telephone numbers, costs, ages and other important information about licensed child care facilities in the towns where our employees live. In addition, people in the company's personnel department and equal employment opportunity division are available for assistance or referrals.

The company also maintains part of its library as a child care resource center which contains books, pamphlets, and brochures designed for parents and children. Because of the demand for this literature, we are in the process of expanding this center.

Last year, we conducted two well-attended seminars for employee-parents. They were: "Handling the Stress of Being a Working Parent" which included suggestions for coping with the strain of the dual role of parenting and working; and "Finding Quality Day Care for Infants and Toddlers." This second session covered such topics as developmental needs of children, family needs, qualities to look for in a provider of child care, and the qualities of the day care environment.

Because a person's job performance is affected by so many things—not only the behavior of their children—we have an employee assistance program. This program makes available professional outside counseling services for our employees and their families. This service, which ensures complete confidentiality, is free to the employees for the first six sessions if it's done at the company, or the first three sessions if it's done at the counselor's office.

After the initial visits, employees are charged a reduced rate part of which could be made up by using our major medical coverage.

Other programs that Phoenix is involved in are: a sickness salary continuation plan which covers any temporary disability, including pregnancy, a liberal vacation policy which gives employees 15 vacation days per year and 2 additional days for every 5 years of service; and a leave of absence policy which is available to eligible employees on a medical as well as personal basis.

As a member of the Board of Directors of Parents Anonymous, I was partially responsible for bringing the latchkey programs to Phoenix. And as a member of Phoenix, I'm glad that Phoenix chose to participate and to offer these benefits to me and my family.

Since my wife and I both work, the latchkey program is of particular interest to me. While I was in the military, prior to my joining Phoenix, my wife and I experienced the problems of finding adequate child care in several cities throughout the country. I believe benefits such as latchkey, child care support and parenting programs are an essential part of the overall employee benefit plan and they also help the employees manage the stress of dealing with the parenting and work role.

Thank you.

[Prepared statement of Michael Yanke follows:]

PREPARED STATEMENT OF MICHAEL A. YANKE, SECOND VICE PRESIDENT, OPERATIONS RESOURCES, PHOENIX MUTUAL LIFE INSURANCE CO., HARTFORD, CT

I'm Michael Yanke, second vice president of Phoenix Mutual Life Insurance Company in Hartford, Connecticut.

It makes good business sense to provide a positive working environment for employees. By helping employees maintain peace of mind, the company benefits through good customer service and improved productivity.

Of course, peace of mind is a phrase that covers a range of possibilities. I'd like to talk specifically about steps our company has taken to help employees who are parents obtain peace of mind.

In February, 1974, Phoenix Mutual introduced flexible hours before the concept became fashionable. Now, more companies across the country provide this employee benefit.

Under this program, Phoenix employees select their own working schedules which can begin as early as 7:15 a.m. and end as late as 5:15 p.m. Based on arrival time and the amount of time taken for lunch, employees may leave as early as 3:10 in the afternoon. This flexibility promotes job enrichment by allowing employees to make their own decisions about their working schedules. It gives all employees, including working parents, the opportunity to best meet their individual needs.

It is no secret that there is a growing number of single parent families and a growing number of families with both parents working outside the home. An estimated four million children between the ages of six and thirteen are without adult supervision for lengthy periods each workday. "Latchkey" children may come from families with a single parent that may have a low income as well as from affluent and middle class families.

Affordable child care is very rare today, and many parents simply cannot find good child care.

To alleviate what is admittedly a difficult situation, Phoenix Mutual sponsors a latchkey program for employees and their children. We believe that we are the first corporation anywhere in the country offering this benefit to employees.

The course is given by Evie Herrmann-Keeling who is executive director of Parents Anonymous of Connecticut, Inc. Parents Anonymous is a national private, nonprofit organization established to help prevent child abuse and neglect.

The course, which is patterned after one developed by the Johnson County (Kansas) Latchkey Project, consists of five 90-minute sessions and is designed to address problems and opportunities for growth that latchkey children and their parents experience. The first session, which is just for parents, identifies specific parent concerns and potential problem situations, assists parents in assessing and monitoring their child's performance in self-care and helps them understand the responsibilities of parents and children in self-care.

This is followed by three sessions which are just for the children. During these sessions, the youngsters get the chance to talk about things like home safety, problem solving, communicating their feelings with their parents and caring for their brothers or sisters.

The final day of the program brings parents and their children together to discuss issues that had been raised during previous sessions. At this time, the children and parents sign a contract agreeing to specified rules and procedures.

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The company library maintains a child care resource center which contains books, pamphlets and brochures designed for parents and children. Some examples of these

are: "Free to be . . . You and Me"; "Divorce is a Grown Up Problem"; "Toughlove"; "Choosing Child Care for your Child—What to Look For"; and "Sometimes I'm Afraid". Because of the demand for this literature, we are in the process of expanding this resource center.

Last year we conducted two well attended seminars for employee-parents. They were: "Handling the Stress of being a Working Parent" which included suggestions for coping with the strain of the dual role of parenting and working; and "Finding Quality Day Care for Infants and Toddlers." This second session covered such topics as developmental needs of children; family needs; qualities to look for in a provider of child care; and qualities of the day care environment.

Because a person's job performance is affected by so many things, including but not limited to concerns with children, Phoenix Mutual has established an Employee Assistance Program. This program makes available professional outside counseling services for our employees and their families.

This service, which ensures complete confidentiality, is free to employees for the first six sessions (if done at the company) or the first three sessions (if done at the counselors' offices). After these initial visits, employees are charged a reduced rate which may be at least partially reimbursed by the company's major medical coverage.

Briefly, other components of Phoenix Mutual's program to assist working parents are: a sickness salary continuance plan which covers any temporary disability, including pregnancy; a liberal vacation policy which gives employees 15 vacation days per year and two additional days for every five years of service; and a leave of absence policy which is available to eligible employees on a medical as well as a personal basis.

As a member of the board of directors of Parents Anonymous, and as a business executive, I am glad that Phoenix Mutual has chosen to offer these benefits to me and my family. Since my wife and I both work, the latchkey program was of particular interest to me. While I was in the military, my wife and I experienced the problems of finding adequate child care in several cities throughout the country. I believe benefits such as latchkey, child care support and parenting programs are an essential part of an overall benefit program that help manage the stress of an employee's role in society.

Chairman MILLER. Thank you. Ms. Cruz?

STATEMENT OF LEE CRUZ, DIRECTOR, LULAC EDUCATIONAL SERVICES CENTER, NEW HAVEN, CT

Mr. CRUZ. I know it's been a long day, so I'll keep my comments very brief.

The LULAC Educational Service Center in New Haven is a 2 year pilot program that was funded by the New Haven Foundation, The Hazen Foundation and the Department of Human Resources of the State of Connecticut. The project was originally funded in November 1982, and it is a community based effort which addresses the educational needs of Hispanic parents and their preadolescent youngsters in the Hill and Fair Haven sections of New Haven, CT.

The need for the project was determined by the following facts:

Local figures indicate that Hispanics dropout rate is 50 percent which is significantly higher than the dropout rate for non-Hispanics.

Ninety-one percent of the Hispanic middle school-aged children in New Haven attend the two schools which we work with, Clemente and Fair Haven which are obviously the middle schools in the Hill and Air Haven section. Over the course of the last 18 months, we've come up with a series of observations based on our contacts with over 120 families.

For example, poor grades and attendance often reflect a variety and complexity of problems that families must deal with, rather than a lack of interest in education, and this, of course, relates to the problems that are a result of unusual working hours or jobs

that do not have the flexibility that we've heard of in many cases today.

The social environment that these youngsters must deal with on a daily basis is a much more effective communicator of hopelessness than teachers are communicators of hope. In many cases these children, the majority of their day is spent in contact with teachers and they leave that environment and they come in contact with other things and other circumstances that are in their environment that communicate a sense of lack of importance of work; that there are other things that one can become involved in that are more productive than what we consider productive work.

We have language and cultural barriers that often keep parents and children from communicating with each other and service providers. There are many good programs, day care programs that their families cannot take advantage of for economic reasons, for language reasons because they are afraid that some of the cultural issues get involved here with regard to what sorts of things will my child be taught in this day care program, etc., etc.

I would like to just then skip over to the fact that these observations, for me at least, touch upon four areas that we believe to be prevalent among families beyond our own target population: the need for educational support services, programs that help children with regards to activities regarding school, such as homework, and the like; the need for positive youth development progams that enhance what the school system is already doing with these young people; the need for effective dissemination of information concerning education, training and employment opportunities which is something that we have found to be in need, especially with regards to our community, oft times again the language aspect is not taken into account; our employment and training programs are not sensitive to some of the cultural issues that are involved in terms of reaching out to these parents.

And then, finally, also the need for simultaneous education. Oft times these families are divided in terms of the education that is provided for the children and the parents. We need to see more programs that work with the family as a unit.

Based on our observations of these areas, the LULAC Educational Service Center has defined four program areas that comprise our efforts to effect an increase in the educational attainment of our families. The goals of the increased educational attainment being to increase the probability of successful entry and exit into educational and training and employment activities for the Hispanic families of New Haven.

These touch upon the problems that I talked about. The educational support services program touch upon things like homework. We've established an after school program that addresses the need for support in this area and provides a positive environment to which these children can—in which these children can participate after school that extends the amount of structured time that they have.

The education center also works in conjunction with what is known as Adult Basic Education to provide education for the parents. The result of our program is that parents gain confidence and begin to share educational experiences with their children. We go

to where the parents are in terms of education, the need for English as a second language class, high school equivalency and we try to bring them from that level to the level where they can participate in employment and training programs that will help them to move up the employment ladder.

Youth development programs that we run, for example, a trip to Washington, DC where we will probably visit Congressman Morrison's office; will give the opportunity for the students and the parents to work together on specific projects and they enhance that relationship and it says to the kids that working toward activities like this is a good thing; that they can become involved in positive development activities.

Information dissemination is currently done through our newsletter; we inform parents in Spanish at appropriate reading levels of education employment, and training, cultural activities and events that they need to know about. We hold workshops with these parents and we recently decided to enter into a venture jointly with the Department of Education, the school department for New Haven, to broadcast public service announcements that will help these parents in the same way that, for example, health tips are given, educational tips that will bring the message to these parents in as many ways as possible.

Finally, we do advocacy on a 1-to-1 basis. A lot of our parents have a very limited amount of time because of their jobs to attend to school activities so they need to have someone that can point them to the person that they need to go to to resolve that particular problem. That is one of the functions of our office.

Economically disadvantaged families need the opportunity for educational development that will increase the probabilities of breaking the cycle of poverty. Thank you very much.

[Prepared statement of Lee Cruz follows:]

PREPARED STATEMENT OF LEE CRUZ, LULAC EDUCATIONAL SERVICES CENTER, NEW HAVEN, CT

The LULAC Educational Service Center of New Haven is a two year pilot program funded by the New Haven Foundation, The Hazen Foundation and the Department of Human Resources of the State of Connecticut. The project originally funded in November of 1982 is a community based effort which addresses the educational needs of Hispanic parents and their pre-adolescent youngsters in the Hill and Fair Haven sections of New Haven, Connecticut.

The need for the project was determined by the following facts:

Local figures indicate that Hispanics drop out at a rate of 50%, a rate that is significantly higher than that of their non-Hispanic classmates.

91% of the Hispanic Middle School population in New Haven is enrolled in Roberto Clemente and Fair Haven Middle Schools.

Clemente and Fair Haven are respective middle schools for the Hill and Fair Haven sections of New Haven.

The following is a list of observations based on our contacts with over 120 families in our target population over the past 18 months:

Poor grades and attendance more often reflect the variety and complexity of problems the family must deal with rather than a lack of interest in education;

The social environment these youngsters must deal with daily is a much more effective communicator of hopelessness than teachers are communicators of hope;

Parents often feel they have little or nothing to contribute to the education of their children;

Language and cultural barriers keep parents, youngsters and service providers from communicating with each other;

Children in the bilingual program have special self-esteem needs related to the perception of their education status;

Hispanic youth do not have access to positive role models;
Mass media is not used to deal with the educational problems of Hispanics.

These observations touch upon four areas of need we believe to be prevalent among families beyond our own target population. These are educational needs for many economically disadvantaged families:

1. The need for Education Support Services programs that help children fulfill the responsibilities that the school system places upon them.
2. The need for Positive Youth Development programs that enhance and complement youth development efforts of the school system.
3. The need for Effective Dissemination of Information - concerning education, training and employment opportunities.
4. The need for simultaneous education-education of both the parent and the youngsters.

Based on our observation and these areas of need the LULAC Educational Service Center has defined four program areas that comprise our efforts to effect an increase in the educational attainment of our families. The goals of increased educational attainment begin to increase the probability of successful entry and exit into educational, training and employment activities for Hispanic families.

(1) Educational Support Services—An immediate and overwhelming need for many of the youngsters we work with is assistance with daily assignments. We have established a program within Roberto Clemente School using college students as home work assistants. An average 10–15 youngsters show up voluntarily, after school for assistance.

The Education Center also works in conjunction with Adult Basic Education, we have arranged for E.S.L. classes for the non-working parent in the household. This is an example of simultaneous education. As a result of our program parents gained confidence and shared the educational experience of their youngster, in addition to learning English.

(2) Youth Development—Several of the center's youngsters and parents are active in a fund raising effort that will permit them to go to Washington, D.C. on June 6th. Here parents are active in the education of their children. Our Summer Program which will be comprised of games and activities that teach decisionmaking and problem solving skills will be implemented by College and High School students using the resources and expertise of the Education Centers staff.

(3) Information Dissemination—Our newsletter reaches 135 families in New Haven with information on education, employment, training and cultural activities and events. We also hold workshops on family life issues and will soon begin producing Public Service Announcements concerning education for broadcast over W.L.V.H., the Local Spanish Radio Station.

(4) Advocacy—Is done on a one-to-one basis. Our Family Advocate is in regular contact with our families. Once a problem is identified parents are directed to the appropriate office for resolution of the problem. The emphasis is always on moving away from dependence on the Education Center.

Economically disadvantaged working families need opportunities for educational development that will increase the probabilities of breaking the cycle of poverty.

Chairman MILLER. Thank you very much. Bruce?

Mr. MORRISON. First, George, if I could, I'd like to request that the complete report about "After Supported Work: Post-Program Interviews" that Ms. Ritter prepared be made a part of the record of this hearing. The entire study "After supported work" remains in the committee files. And for those people who are still here, on your way out, which is not to suggest you should leave this minute, through the courtesy of the Connecticut Association for Human Services and the Junior League of Hartford, we have available a study that they prepared called, "Growing Up At Risk in Connecticut," and we'd welcome your taking a copy of that and corresponding with the organizations that prepared it about ways that what you are involved with could respond to those things that they suggested.

And Ms. Ritter, I'd like to specifically thank you for sending me your report and bringing to my attention the work that you've studied. I'd like to ask you, in that work, you spoke a lot about the

benefits to the parents involved in terms of their work and the benefits to society from their movement out of welfare dependency and in many cases to work. What did you see in terms of the impact on children, their children, in terms of the course of that movement, or nonmovement, depending on the case?

Ms. RITTER. Yeah. That's a good question. It officially was not the core of this study but I certainly did observe from the reports—I did not know the children—years ago, but their mothers would say that along with their past experiences of depression, the children sort of accompanied them through their evolution.

For example, as you now know her, the woman in Oakland who entered the airport, had two children who grew up on AFDC for 11 years. They would stay at home a lot. The kids didn't have many friends, but when she started to go out and meet people, they sort of came out of their own little cocoon too. And they started going places with their mother that they'd never been.

And I think that most kids were greatly affected by this change in their mothers' lives.

Mr. MORRISON. Ms. Yanchak, you told us a little bit about the stresses of factory work and talked about the extent to which people, parents, two-parent families were involved in that work out of economic necessity. Can you say a little bit more about any sense about how that environment and those needs affected the children in those families?

Ms. YANCHAK. If you're talking about two-income families with both parents working, yes it's had a great impact on the children simply because a lot of times there was not adequate child care facilities and at times the children were left alone. When I mentioned the woman who wanted to commit suicide, she had pawned off her 4 year old from family to family and house to house, whoever would take her. Now, after she had called me and after I sat down and got the complete story from her, she had found out that a boy she had left her child with downstairs—he lived in the same house downstairs—had molested the child.

But that's what she was driven to because on the one hand she had to maintain a schedule; she had to work with the child to take care of and with the sick husband which is no place to leave the child. There were some facilities available but she could not afford to pay for them.

Mr. MORRISON. Thank you.

Mrs. JOHNSON. Thank you. It certainly has been an excellent panel and I really commend each one of you on the quality of your testimony. I appreciate it.

I wanted to bring out one or two things in each case. Josephine, is it fair to say, certainly in the case of the mortgage extension for the employee with five children, that the only basis on which we were able to requalify the person was by the union offering basically a new service—financial counseling?

I think people need to know this and I think this committee needs to know this, that in terms of the pressure on you, you are being asked to do things that you never have been asked to do before. It was only because you were willing to commit yourself to sit down with that person each week and help him pay bills and

figure out how to manage his family's money that the bank was willing to agree to another try.

And the suicide example that you give. You are very active in developing community service representatives. You show good knowledge of the referral network that you can use, but you are being asked to use that referral network much more frequently than at any time in your history, I think it is probably fair to say, wouldn't you?

Ms. YANCHAK. Oh yeah, oh yeah.

Mrs. JOHNSON. And in addition, to provide some new services, such as financial assistance.

Ms. YANCHAK. I was one of the original people to take advantage of volunteer counseling and referral service. That the union felt we had a need to, we had to get involved in because of the pressures being brought out at work and because your average worker goes to work at 7 o'clock in the morning, gets out at 3, 4, or 5 o'clock in the morning. Most of the time he's capable of taking care of himself. All of a sudden these things come upon him and he doesn't know where to turn.

And for him to go seek out, in the telephone book or anywhere else and say, well gee, maybe there is such a service offered, maybe I can turn here or maybe I can turn there, they don't know enough to, because they've never had to. They've always been self-sufficient; and now, for the first time in history that they've had to look somewhere else for help.

We, as unions, have to get our people activated and have to get our people trained to go out through the shop and say, hi, how are you; how's the family; how's everything going, and see the change in the attitude of the people. And if you feel that they are having a problem, then you try to get a little closer to them and try to bring them out further and get somebody to help them.

Mrs. JOHNSON. I think that you have been very successful in that new role developed over the last 6 or 8 years or so which indicates that there is a new challenge for both you and us.

The thing that you touched on that I think really hasn't been brought to the attention of this committee before is the new problem of anxiety and stress in families because of job insecurity that is endemic to machine tooling, to bearings, to steel, to so many of the basic industries of America, not just in my district but throughout the Nation. I think we ought to look beyond the notification-type legislation because this is an industry that's giving 6 months notice to its employees. They, in fact, have developed programs with the local community college and they are doing all those things that we are talking about that need doing. But, what you are talking about is a problem that goes on for years and becomes more and more severe. And, just as Susan Bucknell of the Permanent Commission on the Status of Women said earlier, we need to find ways to give incentives for business to reduce the cost of day care and make it affordable.

Perhaps we need to find ways to make or to give incentives for business to begin addressing the career change needs or the skill upgrading needs in anticipation of possible change without necessarily making the decision that change is going to happen. Certainly there is something that needs to be done by all of us for those 2-,

3-, 4-, 5-year periods while an industry does not know in fact whether it is going to make it or whether it isn't. I think that is something that I'll take back from this hearing as sort of a new challenge.

Lola, I wanted to bring out the very clear testimony that you gave in regard to the importance of quality day care and to the fact that it is costly. I know in this room there are many people who have been involved in trying to stimulate quality affordable day care in the State for many years and I've been much involved in that. I just want to throw out to you the challenge that I see, that we in government are going to need enormous help with—there are people who don't want to report their income so they won't have contact with the system, and yet, the need is obvious. There does need to be quality oversight.

Can you begin to think about a center like yours spinning off satellites? Could we license agencies like headhunters to place people in management jobs who would in some way be licensed and responsible for the care given in small private home settings where providers will have intimate contact with the agency but not with the State Department of Health and other official bodies?

I think we need to begin to use a little more imagination in terms of kinds of partnerships we can build. The issues of quality and cost, but also privacy and income are very real.

Ms. NASH. This is precisely what I would have recommended had you turned the question around and said how can you have both. Because if you said to me, here is all the money in the world, let's now meet the needs, I don't think my recommendation would be, OK, let's just open up enough child care centers in the next 12 months to serve every child under 3 who needs it—I think there would be tremendous risks involved. And I think, too frequently short-term solutions bring long-term problems whose solutions are much more difficult.

So your idea of starting a lot of small centers that can refine all of the difficulties that exist in starting a new program and then help set up other centers based on some of the experiences that the first centers have learned—I think this is really the way to do it.

It's unfortunate that so many programs for young children that are starting now, are starting up with centers of 100 children or 200 children, and it frightens me. It really frightens me when I look at our little center and worry so much about the physical safety of these children and in addition to the physical safety, what I worry about is, how can you watch them, how can you make sure that the 4-month old's schedule that is so different when he's 5 months old, is followed? How do you know it's different, how do you read it?

Mrs. JOHNSON. I think that is a critical point in child care for young children. That is, the rate of change in the sensitivity and the individuality of it. And as we meet that need which everybody has attested is growing and unmet, the issue of quality is really enormous.

Ms. NASH. I think it's also the issue of picking up on children's needs where sometimes those needs go beyond the usual developmental ones and one can begin to see a child in some trouble.

We heard the Head Start mother talk about the anxiety, the frenzy, the frustration that she had to go through because she had a child who was presenting problems that she had no responsibility for; it wasn't her fault; it wasn't the child's fault, it wasn't society's fault, and yet, there she was caught in the cracks.

We had a child in our program—not in this one but in a former toddler program that I directed—that had a very serious case of meningitis when she was 15 months old and with this child, it was really touch and go for a while whether she was going to make it. When she came back to the program, her behavior was very strange. If there weren't enough people who could watch that behavior and could monitor it and could be aware that it was different than it had been before, the first step would never have been taken.

But there were all those ingredients there. Another ingredient was our connection with the Child Study Center with some other agency, because no matter how knowledgeable the staff of a center is, it's really important to have linkages with other health care, other mental health facilities that can help.

It took us a couple of months of careful observing of this child. We said maybe she's autistic; something is strange because she doesn't respond; she's hiding under tables; she looks frightened a good part of the time; we're loosing her, what's wrong?

We did refer her and it was happily Dr. Martha Leonard who did the evaluation who found that this child had lost 70 percent of her hearing during the illness. Now, if this hadn't been picked up then, this could have gone on for a long, long time.

Mrs. JOHNSON. Again, a good indication of how important it is to see child care for young children differently than we see child care for older children.

Ms. NASH. Absolutely. This kind of responsibility is awesome because this child who was on the threshhold of language acquisition suddenly woke up from an illness not able to hear most of what was going on and the terror that this created must have been so overwhelming. Because it was picked up before she was under 2, the parents could immediately get her started on a program for a child who is deaf so that she could begin lip reading and some of the other skills that are necessary.

Mrs. JOHNSON. Let me move on to Ms. Ritter, if I may, for a moment. I am curious as to why the younger women in the Supported Work Program did not do as well as the older women. Do you have any explanation for that?

Ms. RITTER. The figure that I gave had to do with the comparison of these women and to the control group so if you look at it that way, the younger women probably would not need the program as much as the older women. The older women, compared to the older women in the control group, were working more, they'd been on welfare probably longer, and they were——

Mrs. JOHNSON. I see what you mean, the difference was greater. In other words, the control group was less able to do well on its own.

Ms. RITTER. In the older category, as they say——

Mrs. JOHNSON. Without any help.

Ms. RITTER. Yeah.

Mrs. JOHNSON. Very interesting. Do you have any explanation of the larger number of work related injuries in, I believe it was, the second group?

Ms. RITTER. No. I think that in our study, if some of these women had made different choices as to the kind of work they had gone into they might have ended up being considered in that first group. It was just chance, I think, that——

Mrs. JOHNSON. But there wasn't any analysis that showed any evidence of psychological or personal attitudes that led them to make poor choices?

Ms. RITTER. No, no.

Mrs. JOHNSON. All right. You talked very, very clearly and it was really excellent testimony about how Supported Work can develop the ability to move from AFDC to independence but you didn't talk at all about the practical aspects of transition, you know, medical insurance and the transition of services that must be made. Did you have any involvement with that? That must surely have been part of the picture?

Ms. RITTER. Yeah.

Mrs. JOHNSON. In other words, how did the Supported Work Program handle the problem of supporting someone to help them gain a skill for a job where there is no medical coverage? Did that contribute to the lack of success or how did you manage those difficulties?

Ms. RITTER. Are you talking about within Supported Work or after——

Mrs. JOHNSON. In making the transition, using Supported Work to make the transition into the——

Ms. RITTER. Yes. Right. In Supported Work a very interesting thing took place, something called welfare diversion. Each woman's paycheck was made up of many different sources. Six Federal Government agencies, the Ford Foundation, and one sliver of it was from welfare. Now, the portion of the welfare grant that would have been saved when a woman went to work, was made available to the program to supplement the wage pool for the welfare recipients in Supported Work.

So because they were receiving some welfare during this time, they got the yellow card—yeah, they still got Medicaid, but in several States when they reached the point where they were off that and they were not in a job that provided medical care, that was one of their main problems.

Mrs. JOHNSON. Barriers?

Ms. RITTER. Yep.

Mrs. JOHNSON. So, people who were ready to make that transition were unable to do so because they were not able to find a job that provided them with the health benefits?

Ms. RITTER. Yes.

Mrs. JOHNSON. I'm not surprised. All right, do you have any comment on why welfare mothers did better in the Supported Work group than ex-offenders, dropouts and former drug addicts?

Ms. RITTER. Well, a mathematics research institution in Princeton, did a $16 million, 5-year research study with reams and reams of statistics, but it seems to boil down to the fact that the other three groups had a lot more what they call sociopathic problems,

whereas these women were mothers used to running a household, having a fair share of responsibility, who had patterns of life that were not as disrupted and didn't have a lot of criminal behavior.

Mrs. JOHNSON. In other words, the responsibilities that they had borne and the routine that those responsibilities imposed on them bore a closer resemblance to the responsibilities and routine of employment?

Ms. RITTER. Exactly.

Mrs. JOHNSON. Interesting. Thank you very much. Mike, earlier we had testimony that two-thirds of the child care problem is a latchkey problem and I think in that setting, what your company has done is particularly significant. I did just want to mention to people that I did have a copy of the manual that Mike's group uses called "I'm In Charge". It explains the extent to which your group has been able to identify the social isolation and the fear of being alone which we've had testimony about here, and the danger of delinquent behavior, and fear of latchkey children.

It helps parents anticipate those. I think some of the parent testimony that we had earlier, showed that parents really didn't anticipate the problems that they were going to face, much less put them in a context of how to deal with them, or to be conscious of rules.

I thought one of the most interesting aspects in your manual was the help that it gives parents in defining what children at home ought to do and how they ought to do it and when they can feel they've done it and that clarity of communication between parents has proved to be, I think, one of the strengths of your program, has it not Mike?

Mr. YANKE. Yes, it has.

Mrs. JOHNSON. The other thing I wanted to ask you is whether you are familiar with the concept of flex place? Are companies not only allowing employees flex time but flex place so that they can do some of their work at home?

Mr. YANKE. I'm familiar with the concept; we've studied the idea of allowing certain groups of people to have the opportunity to work at home. We've been reviewing it for the last year, looking at it in terms of which particular jobs this could effect. Some are restricted naturally to working at the office, but there are others that have the possibility. We are continually looking at these kinds of programs.

Mrs. JOHNSON. Well, I hope you will continue to look at it and I hope you will keep this committee informed because, as Susan Bucknell of the Permanent Commission on the Status of Women said at the beginning, we really need to know how computers might make possible different work relationships. Perhaps one of the ways of avoiding the sweatshop and the exploitation of women working at home as in the past might be flex place. You are not completely isolated at home but you are also not constrained by the hours or by the location of work with computers. It is really so unnecessary.

I hope you will keep us informed as your company investigates that, and I invite others who might be working with industry to encourage that kind of experimentation and keep us aware of what is developing alcng those lines.

I certainly thank you all for your very fine testimony. It has been a pleasure to be here. Thank you.

Chairman MILLER. Dr. Leonard, your testimony suggests, as testimony elsewhere has, that there's very large numbers of children who are in unlicensed care and in all sorts of arrangements.

I'm a very strong believer in care licensed however, we should not get into the situation that we characterize all unlicensed care as bad care, because I think there are obviously many arrangements, whether with family members or unrelated persons, that are very satisfactory. It's a little bit like the single parent family. Sometimes the way it's said suggests a negative connotation.

At the moment I'm not sure that this committee, as it continues its discussion and debate on day care, ought to address the licensing issue to a great degree. I happen to believe—we'll see what other members of the committee think—that much of licensing is really within the purview of the State. I wonder how you think we should address this issue, recognizing that unlicensed care is not inferior. We all know that tragedies can take place in licensed care, as well.

I'm just concerned that we now have so many parents who must make a child care decision, and are concerned that if they can't get into licensed day care, that somehow they're not doing right by their children.

I don't know if you want to address that concern or not.

Dr. LEONARD. Yes, I'd certainly be glad to address it some. Because I agree with you, there are many unlicensed situations that are just fine. If I had my choice for needing to place an infant because I was going to work and the infant was 6 weeks old, I wouldn't be choosing a group situation, I would look for some kind of individual care by a relative or an experienced capable care giver that does not require a license. There are experts out there in this——

Dr. LEONARD. It's good that we have people here who know that part of it better than I do. A license would not be required if the caregiver came to my home or was related. I do believe that individual care would be for preferable to group care for a small infant. For licensure in our State, I think, there are probably minimum standards for quality. In order to pass laws about licensure, it was really hard. At the time some of this was being done I heard that there was a lot of debate about whether one should require that the director in group care should be a high school graduate. The fear was that that requirement might mean closure of some of the centers that were already going, that were already taking care of children.

In Connecticut, we have only four people who do the licensure for the many centers that have to be licensed. So each person has a very little chance to go back and see what's going on in the centers that are licensed. That's really only a minimal kind of standard, and we certainly could benefit from something such as Lola Nash has suggested of some more intimate kind of connection between centers and professionals who could help with consultation and with inservice training to bring about better standards and increase quality.

I had the experience not so long ago of seeing a child who was removed at 2½ from her own family because of severe neglect. At that time, in spite of neglect, she looked physically well and healthy and she was placed into a licensed arrangement in foster care. I saw her when she was 4 years old when she was very thin, very fragile looking and was failing to thrive in the place in which she'd been put to try to rescue her from the bad situation in her own home.

So we can't be satisfied with just minimum criteria; there needs to be some ongoing looking at daycare to try to be sure that children are being really well-cared for, whether it's a licensed situation or unlicensed.

Mrs. JOHNSON. Well, I did want to pursue this just for a minute because several years ago, when the program review of the Investigations Committee of the State held exhaustive hearings on day care—I'm glad to hear at least the report is being used on this current round—we had vivid testimony on some kind of more fluid licensing relationship. I think the question that our chairman asked, Chairman Miller, is right. Those of us who want to see better care, now we are operating at the Federal level find it terrible that we cannot reach down anymore. I know from experience that I can't reach down.

Maybe what we ought to be looking at is if we should provide some flexibility under Federal law for some experimentation under State guidance—you know, with State oversight—but at least not confine Federal reimbursement payments to narrowly licensed settings.

I throw that out to you. I see Fran shaking her head. I knew you would Fran but I do think that you ought to be helping us look at whether there are some other kinds of parameters that we can set up that might allow some experimentation.

Fran Roberts of the Office of Child Day Care. Welcome back to your concerns for the State.

Chairman MILLER. Before you go off like Mount St. Helens, we're going to give you 1½ minutes here to respond then we unfortunately will have to adjourn. Please go ahead.

Ms. ROBERTS. I thought my 1½ minutes already started. I'm Fran Roberts, director of the Office of Child Day Care and I certainly welcome Nancy's return and return of interest in this area. A few things have changed for the better; I'm happy to report that the four licensing people are going to be joined by two more, a 50-percent increase as the result of some recognition on the part of the Appropriations Committee that we've got to have more licensers. I just want to comment that, we're talking now about licensing of centers, I doubt that anybody really would want to see deregulated centers. I think the issue is deregulation of homes and if you'll recall, Nancy, at those hearings, one of which was at New Haven, and one of which was in Hartford, I really heard no one speak in favor of deregulation.

I think what everybody would like would be some more reasonable regulation. There are a lot more people doing the regulation of homes because that's in another agency, but a lady behind me, when this conversation started, and I think I'm going to hit 1½ minutes, asked me if I had any information for her—for was it

your sister? I'm not sure, for a 5-month-old baby and I turned around and gave her the telephone number of the person in the district office in New Haven who would have that information.

Now, I submit that the only way we know who providers are out there is by some form of regulation or by some form of registration. In other words, some way in which we can keep track and can say with some assurance that at least the minimum standard has been met, so that's the problem we've got. If we don't know and—the only way we're going to know that they exist—is by a licensing procedure—we can't refer. There may be excellent day care that's out there unlicensed and, in my own personal work during the course of that, I sort of asked everybody I ran into who worked, and a lot of my friends worked, and I'd hate to tell you what the fallout was as to whose kids were in licensed and whose kids were in unlicensed facilities.

And yet, exactly as you say, licensure insures only a minimal standard at the beginning and we don't even have the resources to go back and see whether the standards are being met thereafter. When you look at the expansion of need and the pace of that expansion, and the success of the licensure system, I think we really have to face the fact that we're going to have to find some new way to have contact with people who want to earn that second income by caring for people's children and staying home with their own, and make it possible for them to have some kind of healthy relationship with people who are concerned with standards and quality and who can give them guidance.

I think some of the best testimony we had today was from the Head Start mother who was very isolated with difficult child raising problems and who learned not only to parent, but then to become a professional through her contact with knowledgeable child care providers. And I think we have to face the challenge of creating some kind of a system out there so we can make the referral, by developing some kind of a standard and monitoring the services.

I think there's certainly room for, and I'd love to see the Federal Government give us some incentives, to develop a simpler form of regulation that would be easier to administer and put more responsibility on the providers and less responsibility on the State for seeing that they live up to standards.

Come up with some RFP's for it and we'll grab it.

Chairman MILLER. Go ahead, you can say the word, it's money.

Ms. ROBERTS. You know, it helps.

Ms. NASH. Could I have one-half a minute? Can I just add one sentence? I think one of the ways we're going to resolve the whole issue of paying the cost of child care in general is some collaboration between the public and the private sector and what you had suggested in terms of trying to involve some of those agencies that do have knowledge about young children and help them get involved in the training and the long-range supervision of some of these unlicensed facilities. I think that is the way to go because it isn't just the licensing, it's the monitoring. Lots of places get licensed and then ½ a year later, they are totally different then what they looked like when the person goes in. So I think trying to set up some collaboration might be a way to start this.

Chairman MILLER. Thank you very much for your testimony. As chairman, I get the last word. Again, my concern is that as we try to encourage companies like Phoenix Mutual that we do not create another system that makes it so onerous to participate, it becomes not in the best interest of either the employer, the employees or other providers of care to engage in the system. We're talking about a benefit that obviously has not risen to the forefront in the manner in which we would like, and is considered marginal by the providers, especially when we're talking about work site related facilities or employer sponsored programs. We should not develop a whole other system which is too cumbersome, and suggests to the employer that this is not something to get engaged in.

I am not endorsing nonlicensure. I don't believe in that. I'm a strong believer in the licensure procedures, I am just concerned about raising those threshholds far beyond what we would expect of the American family, which we know requires so many different kinds of care. And that's the last word. Thank you very much.

Mr. MORRISON. Excuse me; I'm going to cheat and get the last word in. For those of you here, the Children's Center has issued an invitation to any of you that would like to visit or have a tour of the center, in particular the children's living units. There will be staff members of the Children's Center here to do that for you.

Thank you.

[Whereupon the hearing was adjourned.]

[Material submitted for inclusion in the record follows:]

EXCERPT FROM THE CHILDREN'S PLANNING PROJECT—AN ASSESSMENT OF THE IMPACT OF FEDERAL BUDGET DECISIONS ON SERVICES TO CHILDREN AND FAMILIES IN RHODE ISLAND

(PREPARED FOR: RHODE ISLAND DEPARTMENT FOR CHILDREN AND THEIR FAMILIES)

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SECTION III—FINDINGS

Introduction

The findings of the Children's Planning Project are presented in this section. The effects of Federal policy decisions manifested in the Omnibus Budget Reconciliation Act of 1981, on selected children's and family services in Rhode Island are discussed. Special emphases have been placed on funding patterns, eligibility changes and program utilization numbers for specific services relating to child welfare, child care, family economy, child health/nutrition, mental health, juvenile justice, and education.

While the impact of OBRA on both categorical and block grant services vary across program and service areas, several commonalities have been noted. There have been absolute reductions in Federal dollars in many cases. Although the State has made strident efforts to replace lost dollars, or to maintain previous levels of support, general economic conditions have precluded filling the funding voids created by Federal cuts. This has also been the case with private funding sources where fiscal constraints prevented real dollar replacement. In the few instances where program dollar increases were observed, the gains still did not keep up with rising service demands or the 17 percent cumulative inflation rate between 1981 and 1983.

The overall result of the financial shortfall has been an emphasis by the State in program maintenance at the expense of program development. State agencies have devoted efforts to keeping services at levels consistent with those in 1981 and in promoting outreach activities which encourage needy groups to access the services. The private providers which are partners to the lead State agencies have assisted in this

effort by holding their own costs down. However, funds to either create innovative programs or increase existing ones have not existed, and unmet service needs are being documented by public agencies and private providers.

Stricter Federal eligibility standards for client participation, coupled with losses in dollars, have caused some services to be dropped altogether and fewer numbers of people to be served. The reduction in services has come at a time when inflation and recession have combined to escalate the need for children's and family services.

Finally, in the course of assessing what Federal policy decisions and OBRA have meant to services in Rhode Island, one tangential yet critical factor became evident: there is little information sharing and coordination between State agencies in their effort to serve Rhode Island's families. While lost dollars may not be replaced, nor all human service needs met in the State, the information presented here can be used to foster inter agency communication and coordination to identify program gaps, weaknesses, and duplication. In this way, the services for children and families can become a system of interrelated parts which serves those individuals and groups with the greatest needs.

Data organization

The program data are organized into seven service areas: Child Welfare, Child Care; Family Economy; Child Health/Nutrition; Mental Health/Development Disabilities; Juvenile Justice; and Education.

Within each area, an array of specific services are analyzed according to funding changes, client eligibility standards, programs participation figures, and other administrative features for fiscal years '81, '82, '83.[1] Data are presented in table form for funding levels and program participation, and percent changes across the study years are noted in parentheses. Preceding each section is a summary of highlights for the included programs. Following each section is a list of resources which were used to research the programs.

CHILD CARE—DEPARTMENT OF SOCIAL AND REHABILITATIVE SERVICES—DAY CARE

Background

Because of the increased number of working parents as well as the rise in one-parent working families, the need for child care programs has steadily climbed in recent years. National statistics indicate that 42 percent of mothers with children under three years old are in the labor force, and 54 percent of mothers with children ages three to five are in the labor force. By 1990, it is expected that at least half of all pre-school children and 60 percent of all school-age children will have mothers in the labor force.

Prior to the Omnibus Budget Reconciliation Act of 1981. Title XX of the Social Security Act, administered by the Department of Health and Human Services (HHS), paid for all or part of child care in licensed day care centers for 750,000 low and moderate income children nationwide. When the Social Services Bloc Grant replaced Title X, funding was reduced by 21 percent, and a targeted $200 million in Federal funds for child care was eliminated. The requirement that states supply $1 for every $3 in Federal funds was removed.

In addition, the quality of child care has been affected by changes in other Federal programs as follows:

The Child Care Food Program, which provides meals to children in day care was cut by 30 percent, and Federal support for meals in many day care centers was reduced substantially.[2] The number of allowed meals and snacks has been reduced as well.

The amount of child care costs that can be compensated under AFDC has been reduced to $160 a month per child.

When the CETA Public Service Employment Program was eliminated, many child care centers lost staff.

The Child Care Tax Credit, which allows a Federal income tax credit for taxpayers who required child care in order to work or seek employment, has been changed. The maximum amount of expenses against which credit can be claimed was raised to $2,400 (from $2,000) for one child and $4,800 (from $4,000) for two or more children.

As a consequence of the Federal changes, child care centers are serving fewer low-income children: children are being left alone or being cared for through other arrangements, and the quality of care of existing centers has been reduced.

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[1] Unless otherwise indicated, State fiscal year dates July 1–June 30 are used.

[2] See Health/Nutrition of this report.

The Program In Rhode Island

Funding for day care services is provided by the State Department of Social and Rehabilitative Services (SRS) to eligible pre-school and school-age children. Child care is available through a child care facility or day care provider in the community for a specific portion of a 24-hour day.[3] Care may be in or out of the parent's home but payment cannot be made to a member of the parent's house.

Day care services are available to three categories of people: WIN-certified (Work Incentive Program) participants approved for employment training; AFDC families where there is a documented physical or emotional disorder; and employed AFDC recipients whose eligibility for assistance was terminated because of increased earnings from employment.

Services are provided by licensed daycare facilities, of which there are four types:

Day Care Centers—a group setting for three or more children ages 3 to 13 years for 4 to 12 hours a day.

Family Day Care Homes, in which AFDC recipients may provide care for up to 6 children.

Home or relative care by a person other than the one living in the house is provided to a child in his or her own home.

After-school day care for school-aged children in facilities such as YMCA and Boys Club.

The enactment of OBRA significantly altered the scope of and fiscal support for federally funded public assistance and social service programs in Rhode Island. SRS-funded child care is a benefit almost exclusively used for current and previous recipients of AFDC. Therefore, changes in AFDC eligibility requirements impacted strongly on the provision of child care services. There have also been several policy changes that affect initial and continuing client eligibility for AFDC.

As of October, 1983, SRS funds day care services to about 300 children each month. This does not reflect the total number of children in day care in Rhode Island, as there are private day care facilities and numerous informal day care arrangements for children.

Funding levels

As a result of OBRA, Rhode Island's share of Federal funds, through the Social Services Block Grant, was reduced by 23 percent, to $3 million, in FY82. The Day Care Program was tremendously affected because of new Federal policy emphasis on short-term training and job placement and using day care as a work-related expense to be met by the client with the cost then included in the AFDC payment. Consequently, Rhode Island day care changed from a vendor payment program to one in which child care was viewed as a work-related expenses for AFDC working mothers.

SRS budget documents show an overall decrease of 86 percent in day care expenditures. The Federal share declined by 91 percent, between FY81 and FY83, from $3.32 million to $279,000 and the State by 18 percent (Table 11).

TABLE 11.—FUNDING LEVELS FOR DAY CARE

Dollar sources	Fiscal year—		
	1981	1982	1983
Federal	$3,320,286	$1,657,515	$279,864
Percent		(−50)	(−91)
State	560,969	$497,213	$177,383
Percent		(−11)	(−18)
Total	3,331,255	$2,154,728	$457,247
Percent		(−35)	(−86)

Source: R.I. Department of Special and Rehabilitative Services.

Federal regulations governing eligibility for subsidized day care services have changed significantly as a result of the Title XX Social Services Block Grant (SSBG) enacted through OBRA. Changes in specific regulations include the following:

[3] Day care facilities are licensed by the Rhode Island Department for Children and Their Families.

AFDC recipients are required, with limited exceptions, to register for the WIN Program and be available for employment. Previously, those with children under age 6 were not required to register. Clients involved in WIN-approved training or seeking employment continue to be eligible for day care under the SSBG.

HHS interprets the WIN registration requirements as applying to everyone except parents who personally provide full-time care for a child under six, with only very brief and infrequent absences from the child. This, combined with the registration requirements and interpretation of the phrase "only very brief and infrequent absences from the child," effectively precludes most recipients from participating in long-term training, because of the probability that training would be interrupted by an employment opportunity. (A small number of states take a more relaxed view of this requirement, thereby permitting some long-term training.)

Rhode Island (and many other states) has shifted the appropriation for day care for working parents who are still on AFDC from the SSBG to Title IV-A AFDC. This means that support for day care is provided through a child care deduction of $160 per child per month. This also means that the responsibility for payment of the day care provider is transferred from SRS to the working parent. The parent, in theory, has the option of choosing group, family, or informal day care, but in fact, cannot afford group day care at this level of funding.

Rhode Island instituted a day care program in 1982 to assist those whose eligibility for AFDC was terminated by changes in AFDC eligibility rules. Funded by a $500,000 State appropriation the program is designed to assure continuity of care as income levels rise. The appropriation did not represent new money to SRS: the funds were transferred from the AFDC program to the Social Services Program. Copayment on a sliding fee scale is required, and the average family share is about 20 percent.

Support for day care through the block grant continues for special needs. This is provided on a short-term basis where the parent has a documented physical or emotional problem.

Client participation

The major impact of the foregoing changes has been the substantial decline in utilization of day care services. This decline has not been limited to those services supported by the block grant or AFDC, however. The State funded Post-AFDC program is also experiencing low utilization, as shown in Table 12. The number of children in day care declined from an average of 2,900 in FY81 to about 300 in 1983, an 89 percent reduction. Of the 140,000 Rhode Island children under the age of 13, 2,500 (representing 1,200 families) are eligible for the Post-AFDC day care. Were the Post-AFDC requirement removed from Federal regulation, almost 17,000 children in female-headed households would become eligible for day care. Income of these children/families are within 150 percent of poverty guidelines. In either case, the costs to the State would increase substantially.

TABLE 12.—UTILIZATION OF SRS FUNDED DAY CARE SERVICES

Participation	Fiscal year—		
	1981	1982	1983
Number of children per month	2,946	1,799	327
Percent		(−39)	(−89)
Post AFDC day care			
Number of eligible children	(1)	(1)	2,500
Number actually served			110
Potentially eligible (if requirement removed)	(1)	(1)	17,000

[1] NA.

Other administrative/program changes

There are several factors which may serve to explain the current under utilization of day care services:

The rate of unemployment, 9.2 percent, limits the need to access day care services.

Increased use of informal day care by relatives and friends as a lower cost alternative.

AFDC regulations discourage women from working in low-paying jobs because their net income would be equal or slightly higher than if they were on full welfare.

In summation, the major impacts of day care have resulted from changes in absolute funding levels and in AFDC eligibility. The four month limitation on income disregard, using a standard of 150 percent maximum allowable income, new WIN registration requirements, and the $1,000 limit on resources have all caused reductions in those eligible for day care services.

Title XX Block Grant

Client eligibility criteria were made more stringent and restrictive, making it increasingly difficult for people to qualify for financial assistance.

In Rhode Island, Federal support for Title XX services, such as day care, homemaker services, social services to families and children was reduced by 23 percent as a result of the Block Grant.

Funding reductions caused a 30 percent decline in numbers of clients served from FY81 to FY83.

AFDC

There was a loss of $11 million dollars of AFDC monies from FY81 to FY83.

There was a reduction in families served from FY82 to FY83 of 2,150 and a reduction of individuals served during this period of 10,000.

Approximately 900 employed recipients no longer received AFDC because of the new policies on income-disregard and the raising of maximum allowable income to 150 percent of the standard. There was a total of 2,400 AFDC families with earned (partial) income prior to the Omnibus Budget Reconciliation Act (OBRA). They were reduced to less than 1,000 AFDC families with earned income as of January, 1983.

Almost 400 AFDC recipients could no longer receive subsidized day care services for their children making it impossible for them to work because of the prohibitive expense of suitable child care services. The number of children served through AFDC-supported day care dropped from 2,873 in FY81 to 291 as of January, 1983.

Medical assistance

There has been a decrease in the Federal share of Medical Assistance formula funds by 2 percent in FY82, 3 percent in FY83 and 3.5 percent in FY84. This amounts to a Federal dollar loss of $2.6 million in 1982 and $3.5 million in 1983.

Federal funding cuts, combined with eligibility limitations for AFDC clients, resulted in a decrease in the Medical Assistance caseload of 9,000 individuals between FY81 and FY83.

More than 600 Medical Assistance cases were closed in 1983 because of exclusions of previously eligible AFDC and foster care children.

Housing assistance

Federal funding cuts in government subsidized housing (Section 8) had impact on families in Rhode Island.

The Department of Housing and Urban Development (HUD) increased low-income tenants' share of their rent in subsidized housing units from a maximum of 25 percent of income to a maximum of 30 percent of income for all tenants with income over 50 percent of the local median income.

Federal monies for public housing projects were reduced by 64 percent from FY81 to FY83.

Waiting lists of those families eligible for Section 8 subsidies exist in most communities in Rhode Island, with the waiting period lasting up to several years.

Employment and training

While Federal funds were not cut in the unemployment compensation area, there have been impacts resulting from a nationally and locally rising rate of unemployment.

There was an increase of 15,000 individuals (3 percent) of those unemployed in Rhode Island from FY80 to FY82.

Nearly 8,000 more individuals received unemployment compensation from 1981 to 1982. Between 40–60 percent of those unemployed are eligible to receive financial benefits, leaving a large segment of the unemployed population in the State which receive no benefits.

In the employment training area, substantial Federal budget cuts and revisions of the existing Comprehensive Employment and Training Act (CETA) Program have had impacts in Rhode Island.

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There has been a reduction of over $14 million dollars for job training and subsidized employment from FY81 to FY83.

Individuals formerly eligible for public service employment under CETA regulations will no longer be able to get such jobs under the new Job Training Partnership (JTPA) of 1983, since PSE funding was not included in the Act.

The more restrictive AFDC day care eligibility regulations makes skills development training impossible for many AFDC recipients who cannot pay for their own day care while training.

Remainder of preceding article retained in committee files.

PREPARED STATEMENT OF CHAYA S. PIOTRKOWSKI, PH.D., YALE UNIVERSITY

I appreciate this opportunity to testify before the Select Committee on Children, Youth and Families. I am a clinical psychologist and Assistant Professor of Psychology at Yale University, where I am also on the faculty of the Bush Center on Child Development and Social Policy. For more than eight years I have been conducting research on the effects of work life on families and children. I have published a book on the subject, as well as scholarly articles and chapters.

While much work and family research focuses on dual-career families, in my work I have concentrated on families of blue-collar, service and clerical workers—black and white, male and female. Research evidence suggests that the quality of work life is especially poor for these occupational groups. If poor working conditions affect the ability of parents to adequately nurture and care for their children, then the social and health costs of poor working conditions may be borne not only by workers themselves, but also by their children. In this written testimony I will draw on my own research and that of others to address two related occupational conditions that have implications for children and families: (1) shift work and (2) job stress.

SHIFT WORK

The Bureau of Labor Standards defines "shift work" as a fulltime work schedule with more than half the hours worked not falling between 8 am and 4 pm. Afternoon, night and rotating shifts (i.e. working hours that change regularly) are most common, and it has been estimated that 10 million Americans work a nonstandard shift. Shift work is especially prevalent in the food, cleaning, health and protective services industries and among male workers with children.

The National Institute of Occupational Safety and Health has singled out shift work as a particularly important stressor that can affect employees' physiological and psychological well-being. While the effects of shift work on families and children has been less well documented, the existing evidence clearly suggests that shift work may be a significant source of strain for families.

Shift workers report more work-family conflict than workers on standard shifts. In a study conducted by Dr. Evan Stark and myself, we found that almost half of all parents we surveyed who worked a nonstandard shift reported that their work interfered with their family life. For children, afternoon and rotating shifts may be especially problematic. A Swedish study found that over half of the rotating shift workers with school-aged children surveyed could not see their children every day. Similar results have been reported in the United States. Afternoon shift fathers have complained about inadequate contact with their school-aged children. The implications of such paternal absence for children have not been adequately studied, but available evidence suggests that shift work may have detrimental effects on the cognitive and, perhaps, social development of children. Given the large number of children whose parents work a nonstandard shift, policy-oriented research on this issue is vital.

It should be noted that the effects of shift work are not uniformly negative. Some workers report prefering shift work because of pay premiums and decreased supervision. Some families also manage child care responsibilities by having each parent work a different shift. Unfortunately, in some of these families, husbands' and wives' time at home do not overlap, with potentially negative consequences for marriage. Finally, some recent studies have indicated the importance of scheduling flexibility in helping parents manage family responsibilities. Especially striking is a recent report by Graham Staines and Joseph Pleck, who found that discretion in scheduling working hours and days, as well as days off, may reverse the negative effects of shift work. Under conditions of flexible scheduling, shift workers may actually spend more time in child care than nonshift workers.

CONCLUSION

Generally, decisions about the scheduling of shifts and their assignment to workers do not take the needs of families and children into account. My clinical work, as well as the research I have described above, indicate the severe distress family members may experience who find themselves unable to alter their work schedules in the face of changing family needs. Policy-oriented research on shift work is required in order (1) to determine the effects of shift work on children of different ages; (2) to develop standards that regulate the structure of rotating shifts so that they are minimally disruptive to families with children; (3) to develop guidelines for shift work assignments that take into account the family needs and preferences of employees; and (4) to develop recommended "premium benefits" for shift workers that include increased scheduling flexibility and days off for family-based reasons.

JOB STRESS

There exists a growing body of research indicating that job stress may adversely affect the physical and mental health of employees. Research I have conducted with Dr. Stark indicates that the effects of job stress on families also may be significant.

Job stressors may be thought of as job conditions that present employees with threats or challenges requiring physical or psychological mobilization (e.g. threat of lay off), when the resources to meet the challenge are insufficient (e.g. job retraining) and/or employees' autonomy to act meaningfully to meet the challenge is constrained (e.g. scheduling time off to look for other jobs). Because many occupational stressors are chronic and nondramatic, they often are invisible to employees themselves or are dismissed by them. Consequently, individual responses to stressors may be viewed as a function of individual weakness, rather than as a response to a noxious work environment. Just as exposure to asbestos does not produce cancer in all exposed workers, it does increase their risk. Similarly, job stressors do not impair all workers. Nonetheless, they may increase a worker's risk of developing psychological or physical complaints.

In a study funded by the W.T. Grant Foundation, Dr. Stark and I asked if job stressors adversely affected relationships within families and, therefore, children's well-being. We studied eighty-three families in which the father was employed by the postal service or the aerospace industry. Each family had at least one child between the ages of 7 and 17 living at home. Most parents worked a standard shift and almost all were white. Because of the nonrepresentative nature of the sample, the findings must be viewed cautiously. Nonetheless, they are important because they suggest the pervasive and subtle effects of poor working conditions.

Rather than asking parents about job stress directly, we asked them about five key working conditions that we found to be associated with health complaints: lack of job control and skill utilization; poor relations with supervisors; excessive demands for physical and/or mental effort; exposure to physically hazardous or uncomfortable, noisy working environments, and job insecurity. Parents could describe their working conditions on a range from positive (i.e. high control, job security, etc.) to negative (i.e. noisy environment, lack of job security, etc.). We also asked about the quality of the marital relationship, about parent-child relations and about children's mental health.

Our initial analyses of these data indicate that the quality of working conditions, especially in the case of fathers, is important for the quality of family life. We found that:

(1) Parents' reports of working conditions were associated with sons' (aged 10–17) reports of how their parents treated them. Fathers' exposure to stressful job conditions was associated with increased hostility and rejection toward sons. The better the working conditions mothers reported, the more supportiveness and positive involvement they showed toward their sons.

(2) Parents' working conditions also were associated with the quality of the marital relationship. The worse the working conditions reported by each spouse, the greater marital conflict wives' reported. The better the working conditions husbands reported, the more involved husbands were at home and the more satisfied wives were with marriage.

(3) Most family members did not perceive work life as having a negative effect on their families. When problems were mentioned, poor work schedule and lack of sufficient time together were mentioned most frequently by adults and children. Thus, many of the subtle processes we uncovered were not noticed by family members themselves.

These findings must be viewed as tentative. However, they support the idea that work stresses find their way home and affect boys, in particular. We found that

poor parent-child relations and poor marital relations were associated with mental health problems, especially among boys. Thus, boys may suffer from the consequences of stressful job conditions experienced by parents. We plan further analyses to understand the implications for girls.

CONCLUSION

The Occupational Safety and Health Act of 1970 represented an important step forward in ensuring Americans a healthy and safe working environment. Unfortunately, we have done little to ensure Americans a work environment that is free of subtle, chronic stressors. Our assessment of the social and individual costs of poor working conditions—whether physical or psychosocial—has been too narrow. By focusing almost entirely on the health costs to individual employees, we have underestimated the effects of stressful and hazardous job conditions. Our research suggests that we consider families and children as part of the equation. Children may be the innocent victims of job stress.

PREPARED STATEMENT OF MARIJANE L. CAREY, MSW, ACSW, DIRECTOR OF INFOLINE, SOUTH CENTRAL CONNECTICUT, NEW HAVEN, CT

An easily accessible source of comprehensive information on child day care services is an acute unmet need at this time. Some of the social and economic factors that reinforce this need are:

59% of all mothers in the United States with school-age children were in the work force in 1982 (compared to 18% in 1950).

50% of all mothers with pre-school children were in the work force in 1982 (compared to 12% in 1950).

Of the 25.6 million dual income families in the U.S. in 1982, two-thirds of them have dependent children.

12.6 million children under age 18 have lived in a single parent household during the past decade.

When there is no comprehensive up-to-date clearinghouse on child day care services, the following problems exist: (1) There is no access point for parents to obtain information on the services available to meet their children's needs. (2) It is difficult to determine and document specific gaps within the child day care delivery system.

A comprehensive generic information and referral (I&R) service is an ideal vehicle for providing this day care information. This model is successfully operating in the 38 towns of North Central Ct. as well as the 14 towns of South Western Ct. via the regional INFOLINE offices.

INFOLINE is a statewide telephone information and referral service. It is a clearinghouse for the wide variety of human services available to all consumers throughout the State of Connecticut. The professional staff assists people in sorting out problems and linking those in need with an appropriate agency or service.

Specifically, services include giving information and clarifying options, doing direct referrals, acting as advocates and providing crisis intervention when necessary.

The North Central Ct. regional INFOLINE office received a contract from a consortium of five corporations in the Hartford area. The Corporate Consortium for Child Care funded INFOLINE to create a child day care data base. This data base contains the following information on every licensed day care home and center in the 38 towns of the Capitol Region of Ct: number of openings, geographic locations, ages served, hours of operation, fees, identification of state subsidized slots, etc. This information, particularly the number of openings, is updated monthly.

Once compiled, the day care directory is given to the personnel departments of the participating corporations. It is also made available to the general public through INFOLINE's toll free number. Because INFOLINE caseworkers have the child day care directory, they can refer clients to the day care services that can meet their children's day care needs. Needless to say, finding day care is intrinsic to those wishing to break the cycle of poverty. Information and referral for child day care services is cost effective in meeting the two needs mentioned above: creating a single access point for information and documenting gaps in service. It costs the Hartford Corporations that belong to the Consortium for Child Care approximately $1.10 per year per employee to provide this service. That investment has paid off in increased employee attendence and productivity. The South Western Ct. INFOLINE regional office replicated the North Central model. The need for this service is just as severe in the twenty towns of South Central Ct. (which includes New Haven, the

seventh poorest city in the country), however the financial support needed is not available on the local level at this time.

I urge this committee to support—conceptually and financially—comprehensive information and referral for Child Day Care Services. The model established through the North Central Ct. INFOLINE office has proven to be an appropriate and cost effective way to begin to meet the demand for child day care. It is a model that can be adapted to the entire State via the other regional INFOLINE offices—South Central, North West and Eastern—as well as the many other states that already have effective I&R programs in place.

PREPARED STATEMENT OF DEANNA JACOBS

"The Frankenstein Syndrome"

As someone said in a book on children, "When you have a child, you have a child."

Children are a topic almost any adult—parent or not—feels qualified to give advice on; obviously, because every adult has been a child, whether they remember childhood or not.

When roles were cast, there was Mom, Dad, and the children. The autonomy is there in the words "Mom" and "Dad", even though the definitions of these words/roles have been evolving. But that word "children . . ." does it leave anyone with a concise, succinct instant picture of what and who children are? Children are not cosmetic dressing to make a portrait look more cozy. Children are not the "bundle of joy" that will make (or break) a marriage. Above all, a child is not the living image (duplicate in every way is what's implied) of great-grandma.

"Should we have children?" "What if we have children?" "When should we have children?" "Can we afford to have children?" "I wonder what (again, who) our child will look like?" are questions adults ask each other. The connotation of the collective use of the word places "children" on an objective line with "things" like a Hawaiian vacation, a new house, or at best, at least something alive like a new family pet. It is hard (psychologically impossible?) to relate to an individual you think of objectively. The casualty numbers in a war or natural disaster are thought of objectively. The mind would boggle or dissolve in mental anguish to think of each person (and their separate lives) who perishes in these tragic ways alone. But each of those numbers was once a person . . .

There is no need to anthropomorphisize the "children". I want to make it clear to the people who are doing this that children, like single, working mothers, are alive. We (single mothers), they (children)—singularly and collectively—are now living (or trying to!). We are not casualty figures—yet. The lack of feeling—the way we are being objectively treated—is a necrosis that is being nurtured from a national to individual level.

"Single, working mother" is another phrase that is ambiguous to most people, I believe. A "single mother" often can tell when someone is dying to ask, "Are you divorced, or did you have your child(ren) (thrill) out-of-wedlock?!"

I feel that the majority of people are uneasy or do not like, anyone, anything they cannot define, label, tag and/or docket. There is a fear of the unknown even in undefined words, phrases. This means (I think) that there is a fear of a mutation of anything that is known also. When this fear starts swimming around inside any person, I feel that hostility surfaces as a natural human reaction. Either hostility, or its antithesis, disavowal.

This disavowal—of who and what children and single mothers are; what their goals, aspirations are; and mostly, what their desperate situations today are like—is from where and why I have coined my own phrase, "The Frankenstein Syndrome". This syndrome is the creation of someone/something and then not (following up and) being responsible for it.

On a national level, the Reagan administration is saying instead of putting more single moms and their children on welfare, it is creating more jobs for women. That type of thinking is a lofty intention if I ever heard one! What man thought that would solve the welfare problems??? We know we are qualified for many jobs "out there" already. But the hardest "job" that has been created for us is trying to find adequate, qualified, sliding-scale federally funded day care!!! Thank you Federal Government for "giving" me my job here at Yale University, but what the hell do I do with my children while I'm working??? I challenge you to try to find full-at-work-time, year-round day care for two children with a few, easy phone calls when you're only clearing $200. a week. Day care centers have waiting lists a mile long. And if

you are in a crisis situation—your husband decides the wife and kiddies are no fun, boring, and leaves—you have to; (a) find a job fast, and (b) find day care you feel secure (hopefully) with fast or its living with the rats for you. In a lot of divorce cases you must also watch your children's mental health (and your own) for damage caused by one parent's abandonment—not necessarily out of love lost but because of rescheduling in the intact part of the family that must be reorganized.

"Create" the jobs for us, then go blithely on your way not being responsible for long-range ramifications. Again, uh, excuse me out there, but, sorry, I do have children and a schedule to coordinate for summer work/day care days.

And what about the earned income adjustment on the ole income tax? In '82 I didn't even gross $9K; in '83 my income was up to a big $11K+. I guess I will be too "wealthy" next year to "take advantage" of the earned income adjustment. Currently I am clearing $846/mo. Indeed I own my own home. I am luckier (one of the more "affluent") this way than most single moms I know. My mortgage is $234/mo. My car loan (decadent luxury) is $103/mo. the car is a '79 Pontiac Sunbird wagon. My ex mother-in-law sold it to me for $3,500 (I did not have a car). She was hurt, embarrassed and disgusted because her son was not financially supporting our children from the time of our separation on, and this "deal" was a way to help us both.

Phone bill approx. $18/mo.; gas (hot water heater) approx. $30/mo.; electricity $60/mo. (yr-round average—Check my meter. No one is home all day. What is making the bill so high? The hot air furnace, the U.I. Company says. It's not all our rate increases). Latch key after school (YMCA scholarship) fees, $115/mo. Cable TV (our form of entertainment; cable for reception and HBO for "Fraggle Rock") $24/mo. Gasoline credit card bills, approx. $60/mo. Car Insurance, $34/mo. average. House insurance $22/mo. average. This equals $700/mo. in routine bills, leaving $146/mo. for "incidentals" like food, medicine, children's shoes/clothing, dental care, car/house repairs, emergencies.

What is the straw, financially, for me is that my daughter's tooth fairy money keeps getting recycled. They don't know (yet) that it's always the same money. We are all suffering from consumer withdrawal. We are not impluse buyers, by my kids can't even get a book (except maybe once a year) at the school book fairs.

We are suffering more than culture shock. Most single moms I know were middle income Americans. Now we're getting an on-site view of low income living. "Marry a rich man", was even my lawyer's suggestion. I will hope this "charming" (as in Prince?) idea doesn't even flash through the committee's minds. I, for one, am not into peripheral forms of prostitution. And I certainly don't have time to maintain one more person. Men equal money, women equal service and children stay invisible. By God, I am doing what I can to change this.

"Well then, get a better paying job (stupid)", is a fascinating comment people make that is not only arrogant but ignorant and down right pompous. I am where I am (i.e., working for Yale) because of my own market research study. Medical coverage (a biggie for people with children) is free here as of Jan., this year. I need to work in a place that (in theory) I can move up in, and build a pension (sorry, can't write a check this week for an IRA). With the four weeks off in the summer I can (at last) be with my children to see how they're growing. Working here instead of Stamford or Hartford was a decision I made. I don't want to sell my home and move to an apartment in these cities. Costs would be prohibitive. I don't want to commute. I only see my girls three hours a day now. I would love to do what a man does . . . finds a better paying job, tells the wife, "We're moving" and that's usually that for him while she packs up the family, finds schools, etc.

In a two parent family how classic is the man's, "But it's the weekend. I just want to relax. I worked hard all week". I would love to "do what a man does". It's easy to say something; declare what's going to happen or what should (one of "man's" favorite words, I think) happen. Doing it is another story. It's amazing how many sequences are involved in "doing" everything included in such an easy sentence as, "then find another job".

And what about day care credit? For the two years I've used the form the percentage has not gone up. Percentages, I realize are near and dear any politicians heart (but what do they really say?), but for the last two years the highest amount deductible is still only 30%. I want more. (Note on percentages regarding salary increases/raises: 10% of nothing is still nothing.)

Regarding the State and local levels of day care, in a 1983 (free lance) series I did for the Milford Citizen (to help supplement my income here at Yale—yes we may strike yet) titled "Who's Watching the Children?", I have documented figures that state in little Milford, CT (pop. ca. 50,000) alone there is room for only 250 children in qualified, professional day care situations. This excludes licensed day care mothers (in-home day care is a very transient situation). There are approximately 2,500

children in need of day care in Milford. . . . There are no full-time summer federal or state day care programs for children over six years old that I know of. The secret is well kept if there are such programs. Should I tell my six-year-old twin daughters that Mr. Reagan raised independent daughters, so they should emulate their president's form of family bonding and be prepared to stay by themselves from 8:30 a.m. until I get home at 5:30–6 p.m.? If I hear any politician say "What's the problem?" with regard to the hideous lack of qualified day care existing in this country, well, I will take the responsibility for my actons. . . .

WIC programs—cut. Energy assistance programs—cut. Here in Milford, thank God I am eligible for the heating oil I get or it would be a toss-up between eating or heating in wintertime. My next raise will probably put me over the eligibility limit, and I will loose the $400 amount of oil (plus $200 supplement) I received this year. In Dec. '82 I did get a $25/mo. across-the-board raise here at Yale that lost me my $60/mo. food stamps. So every year, it's "downward mobility" here on the fringes of welfare. I am trying to make time (ha, ha) to conduct my own survey (again, here at Yale) among peer workers to see how many are; (a) single working moms, and (b) on "fringe welfare" like myself.

Thank God for the people at Milford-HRD (Human Resource Development). I have developed my own resource network of names, agencies, etc. that I pass on to groups (Milford Single Parents, etc.) and individuals. Everytime you think you are getting beyond the bag-lady stage another "challenge" confronts you. (It's good for your character; it will make you stronger.) Well, there's a fine line between a challenge and masochism. . . .

On an individual level, Nov. 1977 my twin daughters were born. They are my only children. I was 30 years old. My marriage was in its 5th year. We separated in June '81. My divorce finally went through Nov. 82. I registered with the Bureau of Child Support. I do thank whoever is responsible for creating and followng up with this one, decent procedure (it must have been a woman). The Bureau found my ex in Oct. '83. He had remarried (after failing to become a rock and roll star (!!!)) and is living in Boston. We owned two houses; our primary residence and a vacation house in the Poconos. He was supposed to get that house (his choice) but let it go into foreclosure. My lawyer said, "What's it to you if the bank gets it?" Sure, it was no skin off his nose. His children weren't eating Campbell's soups three times a week. I had two houses to support, but about $400 in liquid assets. One day I sold the shoes off my feet for $20 so I could get milk, cereal for my daughters.

Anyway, the house was quit claimed over to me but in lieu of child support for two years! I had to argue immensely with my lawyer and my ex's lawyer to get the permission to play beat the clock and save that property. So much went on (and on) with just that one scenario (that fine line again . . .). The house was sold one week before the bank was to take possession. I got $1,000 out of the sale. The real estate firm made about $3K+. And out of the $1K I had to pay off my ex's utility bills on the house in PA. So much was involved, so much had to be done while I worked, took care of my children, watched their adjustment to day care, did my domestic maintenance, etc., etc., etc. My lawyer had told me that two-year period could be waivered at any time the ex was found (the ex wasn't around at the time of the divorce either). What my lawyer didn't tell me was that it would cost me extra (I had already paid him $2K) to get the change in the decree. New Haven Legal Assistance told me what was needed was just a "note from the lawyer", a little legal wave of the hand and a notary stamp, then the Bureau could go after my $75 a week. Well, I'm just too tired to coordinate one more trip to a lawyer. I will never speak to mine as long as I live; he was coming out of his own nasty divorce at the time he was recommended to me and my ex's lawyer just happened to be my lawyer's wife's lawyer! (should I write it up for Wednesday Night At the Movies?). I may wait until this October when the two years are up then I will go for the throat.

There are so many things that single mothers have to do. We are responsible. There are many men I know of—even those with partial custody—that can't do what we do—not even part-time. They cannot raise a family single-handedly. Why? It's just not fun. They can't hack it. These people who co-create a child then reneg on responsibility are despicable. I know single mothers who are left to deal with not only the aftermath of divorce but ongoing harassment by ex husbands. One friend's ex is an alcoholic and still pounds on her door, drunk, in the middle of the night scaring their child and insisting to be let in. "We're divorced! This shouldn't be happening," she says. Another friend's ex refuses to pay their children's medical insurance which their divorce decree states he must. Her work insurance has the $100 per person deductible clause. The decision when to take a child to the doctor's is hers. She has to decide how ill the child is. Throat cultures (to diagnose strep and therefore get the prescription needed to cure the child) is a "luxury" she can't

afford. The same friend does the grocery shopping for her 72 year old father. The father says she has to do this on Friday nights because his wife (her dead mother) did it this way. Tough nougies if you worked all day, got the kids their dinner, then had to haul them out to do Grandpa's shopping. . . .

No one who has not been in a single parent situation understands the massive scheduling involved in single parenting. I have written here of very few examples of semi-critical items that must be covered to survive—and have only touched the surface of what each example entails. We are being as responsible as one individual can be. We are raising our children as best we can. But we all get to the point, at one time or another, when we feel that life is a suicide mission. We all reach the point where we say, "Why are we trying?" We're going under instead of getting ahead or staying even. The hell with it. I surrender. Let's just go on welfare. It sure would be easier than the psychological abuse we're getting at every turn now.

I don't want sympathy. I need empathy.

I want the child care credit (100%) taken right off the top of gross income.

I want the earned income adjustment to keep up with inflation and the realistic figures that make a supportable income real.

I want full-time, full-year day care supported by the federal government, state government and private industry.

I want state and city level panels that I would gladly work on (if I can bring my children since I can't afford baby sitters) that deal, as focus groups, with all crisis situations single parents and their children have to face.

I want a system for de-briefing set up starting in the divorce courts for the confused people that come out thinking they are worthless. I have started talking to local army personnel about how their de-briefing works (they are hard to get on the phone!). I know many family-oriented agencies are working on some aspects of divorce problems at the beginning (court) level but so much more is needed to get all parties back on an even keel and feeling like being productive—at least for themselves—again.

I want anything I can get and any way I can get it.

This diatribe may sound like the rantings of a paranoid, but do not believe that. Do not make that mistake. Beware of the mutant! Us mutants are constantly on the watch. (The monster did turn on the creator and, I believe everyone yelled, "Yay! Ten points for the good guys!")

My atavistic tendencies have been surfacing. Please believe me when I say I am a mother wolf at bay. . . . I do have a mental sign over my front door that reads "The Alamo" (some people may say that's a projection of defeat, but my helmet's on also and I am ready for battle).

I am sick to death of bearing the brunt of all the scatological duties I have to deal with. I feel, at times, I am serving time for a crime I did not commit. I have done all I can think of to rectify the weaknesses in my situation. All I want to do is raise my children honorably. I am trying to pull my self up out of the mud, but my way is barred at every turn by nasty creators and their irresponsible debris. Everytime our path seems to be on a smooth road yet another injustice is done. Another hidden bomb blows up in our faces. We are not monsters or aliens that have to be destroyed (Oh, what is that? I don't know, but step on it; kill it. . . .). I am taking all this garbage personally! You are messing with my children!! I can't help but bear my teeth and growl.

If you think Hell hath no fury like a woman scorned, well, you ain't seen nothin yet, Jack, 'til you've seen my anger—and it's coming down the pike, I promise.

PREPARED STATEMENT OF DEBORAH LOVITKY SHEIMAN, ED.D., UNIVERSITY OF CONNECTICUT, STAMFORD CAMPUS, FAIRFIELD, CT., AND KATHLEEN PULLAN WATKINS, ED.D., COMMUNITY COLLEGE OF PHILADELPHIA, PHILADELPHIA, PA

One hundred twenty-five years ago a Boston periodical reported that a decline in traditional American family life posed a serious threat to the essential fabric of western society.

Today a similar outcry comes from educators, psychologists, sociologists and others concerned with the future of the family in a changing and turbulent world. Whether the family is in real danger or not, however, is not the central issue of this testimony today. Rather, it is to examine a particular aspect of the life of the family, that which is tied to the increasing number of families in which a single head-of-household or both parents are working outside the home—in other words, the working family.

Of the 1.9 million households in the United States today, almost one in every two women with children under age six have jobs outside the home, while two-thirds of those with children ages six to seventeen are employed. Nationwide, thirty-two million children under 18 have mothers in the work force.

Although these figures may surprise some, the trends and situations that would eventually produce these changes were set in motion more than one hundred years ago. During the Civil War in the 1860's women were called on to work in the fields and in the infant industrial centers of the East, replacing men who were needed on the battlefield. With each succeeding conflict, the two World Wars and those fought in Korea and Viet Nam, fewer women returned at war's end to traditional wife-mother roles, choosing instead to remain active in the work force.

The pace of the women's rights revolution, which received a shot-in-the-arm from the Civil Rights Movement of the 1960's, has also been instrumental in contributing to the number of working mothers. As late as 1970 there was still major opposition by the majority of American husbands to the working wife concept. A scant 14 years later such adamant disapproval is considered impractical as women assist their families financially and find personal and professional satisfaction from work outside the home.

No small role in the trend toward working families has been played by the rise in separated and divorced marriage partners. Today, for every two marriages in America, one ends in divorce. While new laws and special programs attempt to make the process of ending a marriage easier for all involved parties, some laws have in fact complicated the child rearing which follows a terminated marriage. Approximately twenty-seven of the fifty states have some form of joint or shared custody statute, which requires that divorced parents each maintain a household appropriate for child rearing. As a result, the expenses the family bore as a unit may be doubled. Furthermore, a new sociological classification, the "displaced homemaker," identified as a group of divorced, separated or widowed women without specific job skills and often with children to rear, seeks to enter or re-enter the work force.

The greater availability of day care services to a wider range of socio-economic levels has made work outside the home an option for an increasing number of parents. While in the early 1970's day care was provided by the federal government primarily to low-income, single parents, the service providers today include the private sector, churches and community groups making care available to many desiring and/or needing it.

Perhaps the greatest impact on the number of working American families may come from fast-rising inflation. With more than 30 million families now living below the poverty level, the woman's choice to work or stay at home may no longer be an option for many. Unfortunately the woman head-of-household fares worst of all among the various family situations studied with regard to income level. Of those families headed by women, over a third are considered impoverished, with minority two-parent families faring almost as badly. Even the middle income, two-parent family has great difficulty surviving financially on the income of one working adult.

What lies behind all of these statistics are flesh-and-blood families who, regardless of socio-economic status face a startingly similar array of problems, all related to the attempt to simultaneously manage work and home life. It will be impossible to examine all of those problems here, but by highlighting some of these perhaps some features of much needed legislation and community action may be pinpointed.

When parents attempt to wear too many hats or play too many roles, the resulting stress can be overwhelming. Today many parents read, attend lectures and workshops and consult with specialists in an effort to improve parenting skills. However, trying to balance two lives, two sets of responsibilities and do both well is not easy under the best of circumstances. A new phrase, "parent burnout," has been coined to describe the results when mothers and fathers try too hard to be all things to their children and fail to accept personal limitations. Educators estimate that up to half of all parents experience some of the symptoms of parent burnout, which may include guilt, depression and general feelings of stress.

Another problem faced by working parents, despite an increase in service providers, is an inadequate number of low-cost, quality day care slots. Parents with infants, toddlers and school-age children are particularly affected. A population of children, predominantly of school-age, has been identified and labeled "latchkey children", or those who come home from school to houses without adult supervision. More than three million children ages six to thirteen and an additional 50,000 preschoolers, now fall into this category. In response to this situation, pronounced feelings of fear and isolation have been identified in children. Most parents would prefer to leave their child in the care of a competent adult if appropriate services or programs were more readily available.

To add to the difficulties of many working parents, some are required to work non-traditional hours, including evenings, nights and weekends. Those families cannot always identify a program or adult caregiver available during the hours child care is needed. As a result, an untold number of children are left alone while parents work.

High on the list of problems faced by working parents is that of the unsympathetic employer. As has been suggested, many parents have no options about the days, time or hours worked. For many, having such a choice would alleviate a variety of child care problems. Parents also have periods when needed at their child's school, when caring for an ill child at home, or when taking a youngster for regular health maintenance checkups. Many employers permit no leave, personal time, or other time allotted during which parents can meet such responsibilities without financial penalty. Furthermore, there are many familiy problems (such as drug, alcohol and child abuse) which all but major corporations refuse to become involved in. This is true despite time lost from work, high absenteeism and other impacts on job productivity caused when a worker is distracted by home problems.

What is the impact on family life of employer-mandated relocation? According to research, uprooting a family so that they are forced to adapt to new life styles, housing, schooling, friendships and even new ways of recreation and worship, can be devastating to a family. Corporate relocation programs are seldom adequate in meeting the need of the transferred family. Marital discord, sleeping and eating disorders and behavioral problems in children have all been cited as potential results of mandatory job relocation.

Not the least among problems faced by working families are those which occur primarily at an emotional level. Many parents and children experience prolonged feelings of separation anxiety when forced to be apart because of work and child care. Parents may feel great sadness as they accept that they may not be present to witness important developmental steps taken by their child. Guilt is also a common reaction for those parents who wonder if the nutrition, education and nurturing provided by child development facilities are adequate to meet their child's individual needs. Such parents are sorely in need of others with whom they can share the positive and negative emotions associated with parenting in a working family.

School administrators and teachers sometimes fail to take kindly to the working family. Parents may be accused of lack of interest in their children when they are unable to attend scheduled parent-teacher conferences or devote the time the school has deemed appropriate for parent participation and involvement. Children may also suffer when parents are unavailable for meetings, parties, school trips and other parent-child activities.

Although many school officials are, themselves, working parents, these individuals may still fail to recognize that while many parents cannot easily balance the demands of work and home life, they continue to love their children and care deeply about their education.

While the solutions to these and other problems faced by working families are not always easily identified, or solutions easily found and implemented, a great many positive suggestions have been made or are under development.

When the White House Conference on Families convened in the Spring of 1980, the needs of working families were a dominant theme. They are still dominant in 1984. During hearings the need for community-based support systems for working families was addressed. Such support systems, it was suggested, would include increased availability of low-cost preschool day care slots, more infant/toddler and school-age programs, phone-in programs for children without after-school supervision and discussion groups which would provide a forum for sharing and solving family problems.

It was also suggested that the school, as a community center, could be the primary agent for change at a local level. By providing additional school-age programs, parent resource rooms and family centers, the school could begin to also provide the level of understanding and support essential for more positive parent-teacher relationships. In turn, parents could begin to recognize and utilize the school as a family, as well as an educational resource.

When recommendations were made by those attending the white House Conference on Families, the number one issue, that which received the largest voting consensus of the entire conference, dealt with initiation by businesses of family-oriented personnel policies.

The recommendation of the delegates was as follows:

"Business, labor and government should encourage and implement employment opportunities and personnel policies that enable persons to hold jobs while maintaining a strong family life. Family-oriented personnel policies can result in reduced

absenteeism, greater productivity and decreased stress. Toward such desirable ends, there is need for creative development of such work arrangements as flextime, flexible leave policies for both sexes, job sharing programs, dependent care options and part-time jobs with pro-rated pay and benefits. Additionally, employers should recognize the possible adverse effects of relocation on families so that they may provide support and options. ("Work and Families, A Report to Corporate Leaders on the White House Conference on Families", prepared by the J.C. Penny Company, Inc., Public Affairs Department, October 22, 1980.)

Among the other specific issues raised by conferees were child care facilities provided at the place of employment, family counseling provided via employer-sponsored programs, more liberal maternity leave policies and sick leave for employees when a family member is ill. Such suggestions were not new then and they are not new now. We must continue to work toward their coming to fruition.

Some companies are actively concerned. Among the companies already supporting family-oriented approaches to employment are the Connecticut General Life Insurance Company, the Corning Glass Works, Wang Laboratories, Inc. and Honeywell, Inc. Surveys of these and other companies have indicated that when businesses show concern for the needs of their employees, the results include less job turnover, less job and/or stress-related illness, less absenteeism and higher rates of on-the-job productivity.

The federal government has given these companies some assistance by providing tax incentives for programs like on-site day care. However, getting programs implemented often requires tremendous investments of time and energy on the part of employees and employers. These include worker surveys, drawn out campaigns for change and strikes or other union intervention. Some programs cannot survive without cooperation from a second company, which helps to defray expenses and shares the services provided. Developing local incentives for family-oriented practices in business often requires the collaboration of city officials and the general public. Many large cities campaign actively to bring corporations into their areas and part of the sales approach made might well include the suggestion that businesses with concern for the families of their employees are most desirable.

In an effort to improve the quality of day care services for Philadelphia city employees, a Mayor's Commission on Child Care was created during the administration of Mayor William Green. The Commission has been enormously effective in educating the public regarding family needs as they exist in the work place.

It is, in fact, the issue of lack of public awareness that may be one of the most difficult to respond to. It is this ignorance that prevents some programs for working families from being utilized and others from being developed. There is, among the American public, a strong resistance to anything resembling government and industry support of family life. To some individuals the idea of employer-sponsored health, education, child care and counseling programs seems like an intrusion into family life. There are still those whose attitude is quite negative where working mothers are concerned, believing that all women belong at home when preschool-age children are involved.

A program of education is sorely needed which would alter the public to the special needs of working families and the ways in which the community can best address those needs. For example, the stress associated with leaving children in day care facilities would be somewhat alleviated if parents were familiarized with the characteristics of quality programs and if free referral services were provided when work-site care is unavailable.

Churches, schools and health care facilities could also take an active role in an organized publicity campaign, distributing brochures, holding workshops, inviting guest speakers and providing direct counseling services for families in need. These same agencies could also sponsor peer support groups for parents, providing a neighborhood setting where families become acquainted and share common problems and solutions.

What role will the federal government play in meeting the needs of working families? A commitment to the working family must be undertaken. Failure to support family-oriented legislation may be far more damaging to the future of family life than careful planning and wise spending on behalf of parents and children.

However, if any concern is to be generated at the federal level, it must begin with public efforts to make local needs known. Whether those needs are for child care, family-oriented practices in employment, or tax credits to ease the burden of working parents, little or nothing will be resolved from a legislative standpoint unless our representatives in government are apprised of specific problems faced by working families.

The House Select Committee on Children, Youth and Families should be commended on approaching this topic. There are ideas that have been discussed at the federal level and local levels that require the cooperative support of government and private individuals in order to help the working family. These include:

Day care regulations—national guidelines for child care programs and qualifications for caregivers should be tightened to assure the highest quality care rather than meeting minimal standards.

Family day care—tax incentives should be increased to enable qualified individuals to open additional home-based services, as these are often more accessible to working parents.

School and corporate collaboration—funding, as well as tax incentives, should be offered to communities where schools and businesses collaborate to provide family-oriented programs.

Teacher training—federal funding should be provided for teacher training institutes focusing on the changing needs of working families and the response of schools.

Maternity benefits—the United States is the only major nation without a national policy designed to replace income lost in the months immediately following childbirth.

And what of the future of the working family? Although the family is under tremendous stress due to work situations and problems such as divorce rates, it is extremely resilient. Women will continue to work outside the home in both single and two-parent households. It is hopeful that the family will eventually regain stability as trends become established ways of life and alternative life styles are more widely accepted.

Although child psychologist, David Elkind, feels that life for children is extremely difficult, he notes the following benefits derived by members of working families:

The necessary separation from the family that begins in adolescence can become less harsh today because both parents and children already have interests outside the family. ("What Young Children Need Most in a Changing Society", Annual Editions: Early Childhood Education 1982-83, Guilford, Ct.: Duskin Publishing Group, Inc., 1982, pp. 37-39).

Most importantly, there is a growing awareness that the needs of the working family are indeed special and merit acknowledgment and response. Parents are learning that it is no sign of weakness to admit that juggling work and child rearing responsibilities without support is difficult. The public is reaching out. Government and private industry must help in that reaching.

APRIL 11, 1984.

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
H2-385 House Annex 2,
Washington, DC 20515

To whom it may concern: I write to address the issue of problems of working families. Good child care is the bottom line for my family and me—and I'm not sure how we could manage without it. Leila Day School in New Haven makes it possible for all of us to go about our business learning, living, creating. The school is a rarity and without Federal support schools of its type may became rarer still. The school draws its children from throughout New Haven for the need for quality care for our children cuts across divisions of class and race (and without support to bring to the school children whose parent(s) would otherwise be unable to afford its costs, this mix would not be possible. And without integration so our hopes for future healthy communities and cities).

Leila Day's hours are tailored for parents who may need to bring children to school early or work late at night. With all this goes loving and a wonderful education.

I hope this note gives your committee the kind of information it needs to aid and create many more schools like Leila Day. Thoughtful and intelligent child care systems are our lease on the future and should be a top national priority.

Sincerely,

SUSAN FILLIN-YEH,
New Haven, CT.

PREPARED STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

The Select Committee spent its first year taking a close look at the changes affecting America's Children and families over the past few decades. We found that changes in the economy, and changing family arrangements have placed families under greater pressures today than at any time in recent decades. As we begin our second year, we hope we will be able to report that as the economy recovers some of the crises which families have faced will abate.

Considerable attention has been focused on unemployment and recession, and the particular struggles faced by unemployed families. Connecticut is fortunate in that relatively few of the families in this state are unemployed. We have come to Connecticut because working families also have been affected by the economic and social changes. Yet, inadequate attention has been paid to them.

One of the most striking changes in the American labor force over the past several decades has been the increasing participation of women in the workforce. By 1990, more than a majority of married mothers with children under age six will be working, an 80 percent increase since 1970.

We're not talking about women going to work to pay for another vacation or an extra fur coat. In fact, women work out of economic necessity.

We know that in nearly two-thirds of all married couples, both the husband and wife are working, up from 50 percent a decade ago. We know, too, that millions of children—more that 1 in 5—live in a single parent family. By 1990 that number is likely to increase to 1 in 4. The vast majority of single mothers with children under age six work.

Close to half of all mothers with infants under the age of one are in the labor force, a 30 percent jump in over 4 years.

The Select Committee has also learned that policies in the workplace, and public policy, simply have not kept up with these changes. Receiving a salary is no longer enough. It has become clear that to maintain a family's real income takes a household economic team of two workers. But there are barriers for many who want to get into the workforce, and barriers to remaining in the workforce. Many families are not two-worker families—yet the necessary support systems are simply not available.

We will hear today about two of these obstacles: the rising cost of health care and the inadequacy of many health insurance plans; and the inadequate opportunities for affordable child care.

Some families may be forced to defer basic services such as dental care, prescriptions for glasses, and preventive health checkups for themselves and their children, only to have the problems become much more serious and costly to remedy later on. Parents may be forced to patch together different kinds of child care arrangements, to make sure their children are safe and supervised. As the Washington Post reported yesterday, two Virginia children who were left at home alone because their mother was at work were tragically lost in a fire. Unfortunately, this story is all too common, and the risks are too great.

We will also explore today policy initiatives in the workplace, in the private sector and in the community which are beginning to respond to the changing family circumstances of Connecticut's working parents and their children.

The Select Committee is especially pleased at the courage of so many witnesses—parents and children—to come forward and share their personal stories, both the triumphs and the setbacks.

We will begin this morning with an overview of Connecticut's working families, presented by one of the Commissioners of this State's permanent Commission on the Status of Women.

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